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Alberta Health and
Wellness

Health Costing in Alberta

2006 Annual Report

Health Authority Funding and Financial Accountability
Alberta Health & Wellness

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Frequently Used Acronyms

ACCS	Ambulatory Care Classification System
CACS	Comprehensive Ambulatory Classification System
CIHI	Canadian Institute for Health Information
CMG	Case Mix Group
CMI	Case Mix Index
HSRV	Hospital Specific Relative Value
MAC	Major Ambulatory Clusters
MCC	Major Clinical Category
RIW	Resource Intensity Weight
RDRG	Refined Diagnosis Related Group
RHA	Regional Health Authority
SWRV	System Wide Relative Value

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Introduction

The Alberta Costing Partnership has successfully developed patient specific case costs for both inpatient and ambulatory care, for the eighth consecutive year. The partnership consists of five costing regions along with the department of Alberta Health and Wellness.

The 2006 Annual Report discloses the cost of cases that were handled by the participating health regions between April 1, 2004 and March 31, 2005. Cases are grouped by linking to activity data to provide appropriate summary information.

The cost information contained in this publication does not represent the provincial average cost of hospital-based services across the regional health authorities. Rather it reflects the average cost derived from the data submitted by only two health authorities for 12 different sites. The costs from these sites reflect 55 per cent of the provincial level of hospital-based inpatient activity (separations) and 29 per cent of the ambulatory care activity (visits). Although the data submitted have gone through reasonability validation, the Alberta Costing Partnership provides no external assurance over the appropriateness and completeness of cost allocations done by the health authorities.

The inpatient costs are grouped by Case Mix Groups (CMGs) and ambulatory care costs are grouped by the Ambulatory Care Classification System (ACCS). Summary charts in the Inpatient Information section and the Ambulatory Care Information section highlight the most significant CMGs and ACCS cells in each Major Clinical Category (MCC) and Major Ambulatory Clusters (MAC) respectively. Additional summary information regarding the distribution of activity by region, age, gender, procedure and diagnosis is also included.

These summary charts are supported by comprehensive schedules. Similar to the charts, the schedules summarize the cost data by CMGs and ACCS cells. Direct and indirect cost components are provided in schedules 1 and 4. Schedules 2 and 5 provide information on cost trends. Schedules 3 and 6 provide statistical data to assist users in assessing the accuracy and relevance of the cost data. Readers are encouraged to refer to the definitions of column headings on page 67.

The major driver behind health costing in Alberta continues to be the use of case costs in the calculation of each health region's funding. However, there is an increasing demand for cost information from users in the department, health authorities, and external users.

Outside Alberta, significant interest has been expressed in the work done by the Alberta Costing Partnership, with numerous inquiries received from national bodies, other provincial health ministries, researchers, universities,

major pharmaceutical companies and medical personnel. Demand for Alberta cost data continues to increase.

Alberta's Costing Partnership

Leadership of the Alberta Costing Partnership resides within the Ministry of Health and Wellness. The health authority funding and financial accountability branch is responsible for carrying on the health costing mandate. Health costing was done in conjunction with five regional health authorities (RHAs) that utilized a common costing framework to generate patient specific case costs. The five regions are:

- ♦ Chinook Regional Health Authority,
- ♦ Calgary Health Region,
- ♦ David Thompson Regional Health Authority,
- ♦ Capital Health, and
- ♦ Peace Country Health.

In addition to collecting and submitting cost data, each of the costing regions is expected to appoint a regional costing co-ordinator to represent its region on the Costing Function Team. Team members are expected to provide input to any discussions/decisions regarding the costing framework and process.

Team members participate in the costing round table review of the provincial cost results. The participants review the statistical analysis and compare costs among the contributing regions. Issues identified in this process are investigated and resolved by the team prior to publication of this report.

Contributors to 2004/2005 Costs

Although five RHAs participated in the Alberta Costing Partnership, data were only submitted from two regions – Calgary Health Region and Capital Health.

In total, cost data submitted by the regions for inpatient services totaled over 196,000 patient records and over 2.0 million costed visits for ambulatory care.

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Comparison of Cost and Activity Data Collected

	Inpatient			Ambulatory Care		
	Costed Records	Provincial Activity Reported	Costed Records as % of Activity	Costed Records	Provincial Activity Reported	Costed Records as % of Activity
1997/1998	129,000	335,000	39%	458,000	2.7 Million	18%
1998/1999	144,500	346,000	42%	1.1 Million	3.7 Million	30%
1999/2000	104,000	346,500	30%	1.1 Million	4.2 Million	26%
2000/2001	134,000	343,000	39%	1.4 Million	5.5 Million	25%
2001/2002	185,000	337,500	55%	1.5 Million	5.9 Million	25%
2002/2003	194,000	345,000	56%	1.9 Million	6.2 Million	31%
2003/2004	195,000	353,000	55%	1.9 Million	6.8 Million	28%
2004/2005	196,000	357,000	55%	2.0 Million	6.9 Million	29%

Cost data were provided from 12 different sites. Each site tracks costs on a patient specific basis in one or more functional centres.

The bulk of the costs for inpatient cases flow from inpatient nursing functional centres; therefore, only sites with the ability to track nursing costs on a patient specific basis are included in this report. Since inpatients routinely receive services in other functional centres such as emergency, diagnostic imaging and laboratory services, regions have developed the capability to track costs in these centres on a patient specific basis. Where this capability does not exist, regions use allocation models to ensure that appropriate costs are properly distributed to inpatient cases.

The costs for ambulatory care cases are reported where there are systems to track costs on a patient specific basis in the functional centres directly providing ambulatory care. The following table outlines the facility and availability of patient specific cost information submitted in the 2004/2005 fiscal year.

Health Costing in Alberta

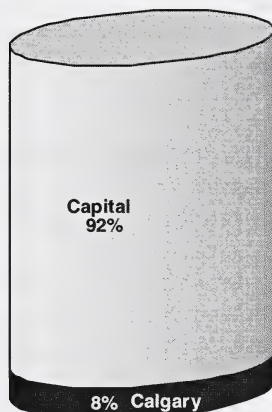
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2004/2005 Cost Data by Region/Facility

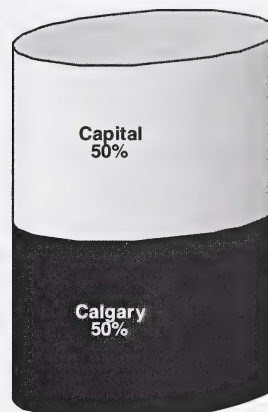
Regional Health Authority	Site	Inpatient	E.R.	Day Procedures	Clinics	DI	Rehab
Chinook	No cost data supplied for 2004/2005						
Calgary	<i>Alberta Children's Hospital</i>	Yes	Yes	Yes	No	Yes	No
	<i>Foothills Medical Centre</i>	Yes	No	Yes	Yes	Yes	No
	<i>Rockyview General Hospital</i>	Yes	No	Yes	Yes	Yes	No
	<i>Peter Lougheed Centre</i>	Yes	No	No	No	Yes	No
David Thompson	No cost data supplied for 2004/2005						
Capital	<i>Glenrose Rehabilitation Hospital</i>	Yes	Yes	Yes	Yes	Yes	Yes
	<i>Misericordia Community Hospital</i>	Yes	Yes	Yes	Yes	Yes	Yes
	<i>Grey Nuns Community Hospital</i>	Yes	Yes	Yes	Yes	Yes	Yes
	<i>Royal Alexandra Hospital</i>	Yes	Yes	Yes	Yes	Yes	Yes
	<i>University of Alberta Hospital</i>	Yes	Yes	Yes	Yes	Yes	Yes
	<i>Leduc Community Hospital</i>	Yes	Yes	Yes	Yes	Yes	Yes
	<i>Sturgeon Community Hospital</i>	Yes	Yes	Yes	Yes	Yes	Yes
	<i>Northeast Community Health Centre</i>	No	Yes	No	Yes	Yes	Yes
Peace Country	No cost data supplied for 2004/2005						

The following charts show the number of costed records received from each region (shown as percentages). Capital Health currently provides the bulk of the ambulatory care cost data. For the other cost pool, inpatient data, Calgary Health Region and Capital Health provide similar amounts of data.

Ambulatory Care Records



Inpatient Records



Processes for 2004/2005 Cost Computations

The cost computation processes used in this report are consistent with the prior year. For both inpatient and ambulatory care, the 2003/2004 and 2004/2005 cost data were blended together, with the 2002/2003 data being used as a top-up source. This combination of data increases the database size, which reduces the number of low-volume cells, and improves the stability of costs.

While not necessary in computing relative values, in order to combine the data and still arrive at appropriate average case costs, it was necessary to inflate the historical data. The following table lists the inflation rates:

Fiscal Years of Cost Data	Inflation Rate Applied
2002/2003	4.6%
2003/2004	4.5%

The data submitted were edited for reasonability. The following list describes the type of edit checks used:

1. Ambulatory care
 - a) exclude any visits which did not include allocated overhead costs
 - b) exclude any visits grouped to ACCS 3 (nerve injections) with a case cost less than \$16.00
 - c) exclude any visits grouped to intervention cells (ACCS groups between 1.1 and 99), excluding ACCS 3 (nerve injections), with a case cost less than \$21.00

- d) exclude any visits grouped to ACCS 1062, 1101, 1111, 1121, 1151, 1201, 1221, 1241, 2021, 2022, 2051, 2063, 2070, 2082, or 2099 with a case cost less than \$5.00
 - e) exclude any visits grouped to clinical cells not specified in 1.d) with a case cost less than \$11.00
2. Inpatient
- a) exclude any visits with a case cost of less than \$200.00 if the length of stay is not one day or less
 - b) exclude any cases without nursing costs
 - c) exclude any visits with a cost per day less than \$100.00
 - d) exclude any visits which did not include allocated overhead costs
 - e) exclude any visits beyond the trim point
 - f) exclude any visits with an invalid length of stay

The rest of the costing process remained constant with prior years' cost development.

Data Flows

Cost data collected by the participating RHAs are forwarded to the health authority reporting and costing branch of Alberta Health and Wellness on an annual basis.

Processing of the raw cost data is done at Alberta Health and Wellness with the results reviewed and validated in consultation with the Costing Function Team. The process ultimately results in the development of patient specific case costs, average costs and relative values. The processed cost records reside in the Alberta Health and Wellness database and are available for extraction for research and management purposes subject to the provisions of the *Health Information Act*.

One of the primary users of the information is the health funding unit at Alberta Health and Wellness. For ambulatory care, the system wide relative values are used in the funding formula. Funding calculations for Province Wide Services use the average costs from the inpatient data.

CIHI is also a significant user of the costing results. Alberta Health and Wellness sends the final set of cost data to CIHI to be combined with cost data from Ontario and British Columbia to develop national weights. One set of weights produced is the Resource Intensity Weights (RIWs) by Case Mix Groups. The health funding unit uses these RIWs in the funding formula for inpatient care.

The other major users of data are the regional health authorities. Finalized cost and activity data are provided back to the regions in a summarized format. Regions use cost data for rate setting with third party payers and providers, revenue analysis, financial planning, evaluation, and

benchmarking. In summary, various users have used the cost information to improve resource allocation and consumption decisions.

Data Collection Processes

The costing exercise is heavily dependent upon data collection systems. There are two components to the data utilized by Alberta Health and Wellness in developing case costs: activity data and patient specific cost data.

Activity Data

Patient specific activity data are collected by all regions and represents unique information for each particular service. For example, the activity data includes:

- ♦ patient demographics (birthdate, personal health number, gender, etc.),
- ♦ responsibility for payment,
- ♦ procedure/diagnosis codes,
- ♦ service dates,
- ♦ service location,
- ♦ patient disposition, and
- ♦ provider type.

“...[A]mbulatory care data includes data from traditional hospital-based programs (such as Emergency and Day Surgery), as well as services delivered in community based settings (such as outpatient clinics) [or private clinics], ... primary and secondary prevention as well as diagnosis, patient education, treatment, and rehabilitative services.”¹

Inpatient data include hospital discharge data from acute, chronic and rehabilitative facilities (which includes psychiatric institutions and cancer facilities). As the facilities are reporting the activities in a fiscal year, the activity records include visits from Alberta residents, as well as residents from other provinces or from other countries.

All health regions send both the ambulatory care and inpatient activity data directly to Alberta Health and Wellness using the Morbidity and Ambulatory Care Abstracting Reporting (MACAR) system. The ambulatory care data are grouped with the Alberta-developed Ambulatory Care Classification System (ACCS) grouper. Inpatient activity data are collected and submitted to CIHI, where it is incorporated into the Discharge Abstract Database (DAD). CIHI groups the data using a CMG grouper. A file containing the group codes is returned to Alberta Health and Wellness. After the fiscal year has closed,

¹ *Ambulatory Care in Alberta Using Ambulatory Care Classification System Data*, Alberta Health and Wellness, August 2004, p. 1.

modifications are made to some of the inpatient records and then the file is regrouped internally using a desktop version of the CMG grouper.

Cost Data

The costing regions provide patient specific cost data for both ambulatory and inpatient services. A concerted attempt has been made to parallel the two processes, in keeping with the overall costing framework. Cost data from the regions are submitted directly to Alberta Health and Wellness. The cost data does not include payments made to Alberta physicians or allied practitioners. For information on these payments, please refer to the *Alberta Health Care Insurance Plan Statistical Supplement*. The 2004/2005 version is available on the Alberta Health and Wellness website in the News/Media/Resources/Annual Reports section.

Although the data are submitted only once a year, the regions may send monthly, quarterly, or annual cost files. These files include, for each case, common information that is used to link the data. In addition, the files contain the following diverse information:

1. Patient specific supply costs
 - ♦ patient specific drug costs
 - ♦ patient specific supply costs

These are supply costs that can be directly assigned to specific patients (e.g. operating room supplies, drugs dispensed on a prescription or unit dose basis).
2. Other patient specific cost data
 - ♦ Functional centre direct costs: include all costs (salaries, drugs, medical, and surgical supplies) and other expenses in the patient care functional centres (called absorbing cost centres) for services provided directly to patients. Also, included in these costs are the direct administrative costs associated with the administration of a patient care area, such as salaries of patient care managers and medical staff administration.
 - ♦ Functional centre indirect costs: include costs associated with the administration and support functional centres (called transient cost centres). These indirect expenditures are allocated to patient care functional centres. Examples of these types of costs are general administration and support services such as finance, material management, facilities management, registration, patient food services, and health records.
 - ♦ Non-specific patient drug allocation: are costs for ward stock and other drugs that could not be directly assigned to specific patients.

The submitted costs do not include expenditures not related to patient care. For instance, amortization of building and leasehold improvements, contributed services, or full cost of ancillary operations is excluded.

Cost Data Processes

The data from the cost data files are initially summarized into one record that includes the total case cost. The second step in the process is to link these costed cases with the separate activity files to derive group assignments. Once linked, the relative values and average costs by group are calculated.

Trimming Data

Trimming of cost data is a standard practice in the calculation of average case costs and relative values for each cell or group. The trimming process results in the exclusion of those cases that are atypical from these calculations. Because of the trending analysis issue with the ICD-10-CA/CCI coding system, this year trimming of inpatient cases in Alberta was based on the length of stay (LOS) from the past three years of Alberta inpatient discharges. A trim point is determined for each group. Any case with a length of stay beyond the trim point is considered an outlier or an atypical case with an associated higher cost. The rationale for trimming is that the retention of outliers in the relative value and average cost calculations would lead to the potential over-valuation of services.

The formula used in calculating the inpatient trim point is applied to data from the Discharge Abstract Database and is outlined below:

$$(\text{LOS of third quartile}) + (2 * (\text{LOS of third quartile} - \text{LOS of first quartile}))$$

An acceptable measure for use in trimming ambulatory care data has not been identified. During the review/validation of 1998/1999 costs, the application of a trim point for each ACCS cell based on plus or minus three standard deviations from the cell mean was considered. Upon reviewing the results of this approach, the Costing Function Team determined that this method of trimming would not be employed, as it appeared to exclude a significant number of valid cases.

Grouping of Data

Nationally, CIHI sponsors the use of the Case Mix Groups (CMG) grouper for inpatient cases. They have developed Resource Intensity Weights (RIWs) for each CMG. The health funding and economics branch began utilizing these RIWs in the 2001/2002 funding calculations.

For grouping of ambulatory care data, the Alberta-developed Ambulatory Care Classification System (ACCS) is used. CIHI also sponsors a national ambulatory care grouper, Comprehensive Ambulatory Classification System

(CACS), which is modeled upon Alberta's ACCS. Discussions regarding the merit of switching from ACCS to CACS are ongoing. Until a final decision is made, the ambulatory care cost results will be produced by ACCS.

CMG Grouper

The CMG grouper groups patients together who are similar in terms of resources used. The variables required to define the Case Mix Groups are:

- ♦ most responsible diagnosis,
- ♦ weight (for neonates),
- ♦ presence or absence of operating room procedures,
- ♦ surgical hierarchy/medical hierarchy, and
- ♦ diagnosis types 1, 2, W, X, and Y.²

The complexity overlay on the CMG codes enhances the prediction of utilization of acute care resources within medical/surgical specialties. A complexity level is not applied to a CMG code unless it improves homogeneity in length of stay (LOS) or total resource use. The variables used in assigning the complexity levels are:

- ♦ major clinical categories/case mix groups,
- ♦ pre-admission comorbidity (type 1 diagnosis),
- ♦ post-admission comorbidity (type 2 diagnosis),
- ♦ service transfer diagnosis (type W, X, or Y diagnosis)
- ♦ comorbidity grades,
- ♦ number of body systems involved, and
- ♦ number of "complex" comorbidities.³

The complexity levels are as follows:

- Plx 1 – no complexity,
- Plx 2 – complexity related to chronic conditions,
- Plx 3 – complexity related to serious/important conditions,
- Plx 4 – complexity related to potentially life-threatening conditions, and
- Plx 9 – complexity not applied (for instance, the complexity may already be captured within the CMG assignment methodology).⁴

A Plx group is the combination of CMG code + Plx Level. CIHI also applies an age overlay to each Plx group based on the age of the patient:

- 1 – 0 to 17 years old,
- 2 – 18 to 69 years old, and
- 3 – 70 plus years old.

² *Grouping Methodologies: CMG™ and Plx™*, Canadian Institute for Health Information, Revised 2000, p. 9.

³ *Ibid.*, p. 21.

⁴ *Ibid.*, p. 24.

There are 478 CMG codes and 1588 Plx groups. When the age overlay is applied to these Plx groups, the result is 4760 new codes (commonly referred to as Aplx cells). Unfortunately, there are low volume concerns for the majority of these Aplx cells using the Alberta costing data. Therefore, the cost results by CMG code + Plx level + age group are not published in this report.

The final set of 2004/2005 inpatient data were classified using the CMG 2003 Version 2.0 Desktop Grouper. A relative value was calculated for all CMG groups, except for CMG 997 Stillbirths since there is no activity reported for this CMG. After the costing calculations were complete, there were 16 Plx groups where activity existed in the morbidity file but no relative value was derived. As RIWs, and not SWRVs, are now used in regional funding calculations, CFT decided there was no longer a requirement to create estimates for these missing Plx groups.

ACCS Grouper

The Ambulatory Care Classification System (ACCS) was developed in Alberta. The project began in 1989 under the direction of Alberta Health and Wellness with the intent to create an ambulatory care grouper tailored to Alberta specifications. The project began with a review of existing groupers (DPGs, PACs, EDGs) and used these building blocks, in combination with Alberta data, to develop ACCS.

To run the ACCS grouper the required data consist of patient demographics and visit related information such as diagnosis/procedure code, mode of service, date of service, patient disposition, etc. The ACCS grouper used to classify the cost data this year was composed of 430 groups.

Originally, average costs were not calculated for 15 ACCS groups, as no cost data were submitted for these groups in the past three years. Of these 15 groups, nine groups had activity reported in 2004/2005. As mentioned, the costing results are used in regional funding calculations. As part of this calculation, every activity record is assigned a cost value. Consequently, a SWRV must be estimated for the missing ACCS groups. Based on recommendations from the Costing Function Team, a value of 1.0000 was assigned to these ACCS groups. In total, there were 424 groups populated with a SWRV; the remaining six ACCS groups were not used in the funding formula.

The authors and managers of ACCS have the ability to modify the grouper based on Alberta results, or to meet specific needs within the province. For instance, a review of the resource homogeneity of a number of ACCS grouper cells was undertaken in early 2000. In addition to an examination of the relative resource homogeneity of each of the groups, a review was done of the need for a number of under-populated or similar groups.

Grouping Results

Each of the schedules includes a list of the ACCS or CMG group numbers along with the descriptive name of each group. For more information on the contents of each group (i.e. ICD-10-CA/CCI codes), it will be necessary for interested parties to go to source documents for the respective groupers. Information on the ACCS grouper can be obtained from the health funding and economics branch of Alberta Health and Wellness (780-427-7040).

Only a small number of ungroupable records were found in both the inpatient and ambulatory care activity and cost submissions.

Data Top-Up

Top-up is the generally accepted practice of supplementing any low volume cells with cost data from historical data or another jurisdiction. Determining the top-up threshold is a somewhat subjective decision. In Alberta, the standard has been set at five, meaning that any cell with four or fewer cost records will require topping-up with additional cost data.

In the past, low-volume cells were topped up with cost records from the remaining set of cost data (data from 1997/1998 to 2002/2003). Topping up these low-volume cells results in a much more extensive data set upon which to base average costs. Furthermore, this extensive data set also reduces the requirement to rely upon other jurisdictions' data for top-up. No attempt is made to top-up any cells for which no cases had been reported within the province.

In April 2002, abstract coding switched from ICD-9-CM to ICD-10-CA/CCI. This switch had a significant impact on the grouping process. When the 2002/2003 data were reviewed, a number of records did not flow into the same groups as they would have in the previous year. Consequently, historical cost data based on ICD-9-CM coding cannot be used for top-up. However, now that there are three years of Alberta data coded using ICD-10-CA/CCI, the 2002/2003 data were used as top-up in this year's processing.

Contribution to National Weights

Alberta Health and Wellness provided CIHI with inpatient and ambulatory care case costs in previous years. It is expected that the final costs from 2004/2005 for inpatient and ambulatory care will also be provided to CIHI, for use in the development of future national weights.

Resource Intensity Weights

On an annual basis, Canadian Institute for Health Information (CIHI) develops and publishes a schedule of Resource Intensity Weights (RIWs) based on their CMG grouper. RIWs are also published for Day Procedure Groups (DPGs). According to CIHI's Web page⁵

"The Resource Intensity Weights (RIW) system is a relative resource allocation methodology for estimating a hospital's inpatient specific costs for both acute and day procedure care. RIW is used to standardize the expression of hospital case volumes, recognizing that not all patients require the same health care resources. Volume is then expressed as "weighted cases".

"Uses

- translating case mix data into cost data
- determining unit costs for atypical cases
- identifying priorities by CMG for utilization management
- planning new programs
- evaluating program efficiency"

The national RIW technical working group reviewed the initial data submitted for costing by Alberta Health and Wellness. They assessed it against the following criteria:

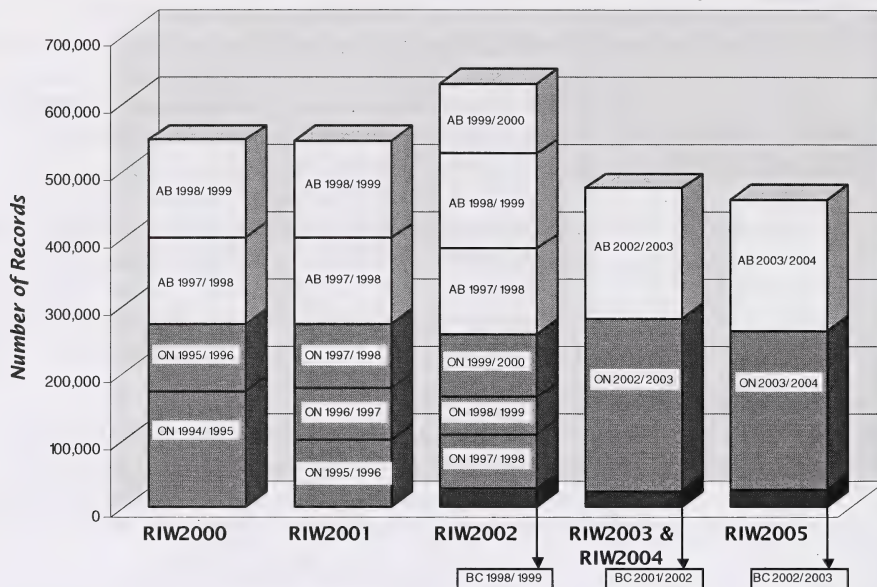
- ♦ the methodology for capturing cost data must be documented,
- ♦ sufficient data volume must exist,
- ♦ supply of data should be available on a timely basis, and
- ♦ data must be statistically valid.

The review concluded that the quality as well as comparability with existing Ontario data made Alberta data an excellent contributor to the national RIWs. The all-Canadian RIW information is believed to be more reflective of the non-profit environment in Canada (previously RIW included cost data from the United States).

Starting with RIW2002, data from British Columbia were also included in the development of RIWs. The set of data utilized to develop the RIWs changes cyclically as the contributors continue to send updated records from more recent years.

⁵ Canadian Institute for Health Information. *RIW™ and Expected Length of Stay Methodology* [cited 15 May 2003]. Available from: <http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=casemix_riw_e>.

Comparing Data Utilized by CIHI in Developing RIWs



Ambulatory Cost Weights

CIHI also develops Ambulatory Cost Weights (ACW) for the ambulatory care data grouped by CACS. According to CIHI's web page⁶

"ACW are made to be relative to the average cost of a specific group of patients. This is known as a 'fixed' anchor point. The mean cost against which all others are compared is the mean cost for CACS cell 75, "Hemodialysis". The CACS cell for dialysis is chosen because it represents a very specific patient population and makes up a large proportion of the cost database (>100,000 records). This large sample size ensures a stable estimate of the true cost of performing the service."

"Uses

- translating CACS data into cost data
- determining costs for atypical cases
- identifying priorities by CACS group for utilization management
- planning new programs & evaluating program efficiency"

⁶ Canadian Institute for Health Information. *Ambulatory Cost Weights* [cited 8 July 2005]. Available from: http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=casemix_acw_e.

At this point in time, only data from Alberta have been used to develop these weights. It is expected that data from both Alberta and Ontario will be used in the future.

Conclusion

In its eighth year, the Alberta Costing Partnership has once again produced Alberta costs for both inpatient and ambulatory care. The significance of this achievement can be demonstrated by the widening interest, which continues to be expressed by other health organizations and researchers. In particular, the contribution and acceptance of Alberta cost data in the development of national Resource Intensity Weights through CIHI attest to the quality of the work that has been done in the province. As well, Alberta continues to lead the rest of the country in comprehensively collecting and costing ambulatory care data.

The continued success of the Alberta Costing Partnership could not have occurred without the dedication and commitment of RHA and Alberta Health and Wellness staff. The cost results included in this report are the product of many hours of effort, an achievement of which all participants can be proud.

The health authority funding and financial accountability branch would like to thank all those individuals who have contributed to this work and look forward to continuing the partnership.

This section contains detailed inpatient information grouped into 25 categories, the Major Clinical Categories (MCC). MCCs are based on body systems or specific types of clinical problems. Each MCC is split into partitions:

- Surgical – a procedure used in CMG assignment was performed during the visit
 - Medical – no procedures used in CMG assignment were performed during the visit
 - Surgical/Medical – corresponding CMG code could be surgical or medical depending on the MCC
- ♦ The table displaying the gender distribution contains the standard male and female codes. There are also two other possible codes:
- O – other, for transsexuals or hermaphrodites
 - U – undifferentiated, for stillbirths only
- ♦ The age groups are based on the age categories used by CIHI in CMG assignments. The age calculation is based on the visit date. For reference, the provincial breakdown, as of March 31, 2005, is as follows:
- | | | |
|--------------------|-----------|-------|
| 0 to 17 years old | 774,422 | (24%) |
| 18 to 69 years old | 2,195,000 | (68%) |
| 70 plus years old | 240,269 | (7%) |
| | 3,209,691 | |
- ♦ Region of residence refers to the regional health authority the recipient resided in at the time of the inpatient or ambulatory care visit. Region of service refers to the regional health authority where the hospital is located at fiscal year end. Population by region can be found on the Alberta Health and Wellness website in News/Media/Resources Stats & Facts section.
- ♦ The table displaying the Top Five CMG Groups Based on Activity for Medical Partitions lists some of the common principal diagnosis codes. The principal diagnosis code is¹:
- “the one diagnosis that describes the most significant condition of a patient that causes his/her stay in hospital’. This may not always be the condition for which the patient is admitted.”
- The diagnosis groupings are based on the first three digits of the principal diagnosis.
 - At least 75 per cent of the records within the CMG will have one of the listed diagnosis codes as the principal diagnosis. The exception would be for CMGs with +++. For these groups, there are more than five diagnosis codes to represent 75 per cent of the records. Only the first five are listed.
 - The activity and average costs are for the entire CMG; that is, based on all diagnosis codes not just those representing 75 per cent of the records.
 - For CMG 997: Stillbirths, an average cost cannot be calculated, as there are no cost records submitted.
 - Tables containing less than five CMGs include all CMGs belonging to the medical partition in that MCC.

¹ CMG™/Plx™ Directory 2003 ICD-10-CA/CCI Version (Nov 2003): Introduction -- CMG Methodology Overview, Canadian Institute for Health Information.

- ◆ The table displaying the Top Five CMG Groups Based on Activity for Surgical Partitions lists some of the most common principal intervention codes (coded as first intervention). The principal intervention code is²
 - “the intervention considered to be most significant during the patient’s hospital stay.”
 - The intervention groupings are based on the rubrics, first five digits of the principal intervention.
 - At least 75 per cent of the records within the CMG will have one of the listed rubrics as the principal intervention. The exception would be for CMGs with +++. For these groups, there are more than five intervention codes to represent 75 per cent of the records. Only the first five are listed.
 - The activity and average costs are for the entire CMG within a MCC; that is, based on all intervention codes not just those representing 75 per cent of the records.
 - Tables containing less than five CMGs include all CMGs belonging to the surgical partition in that MCC.

Due to resource constraints, minor data flaws have not been completely purged from the data.

² DAD Abstracting Manual 2003-2004 Edition All Provinces Information”, Canadian Institute for Health Information, p. 6.11-1.

Top Five CMGs Based on Activity for Surgical Partitions

- Includes at least 75 per cent of procedures (coded as first intervention) within CMG

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
001: Craniotomy Procedures Excision parietal, brain; Occlusion, intracranial vessels; Drainage, meninges and dura mater of brain; Drainage, ventricles of brain; Biopsy, brain; +++	1,168	51%	\$15,995
004: Extracranial Vascular Procedures Excision, carotid artery; Dilation, carotid artery	360	16%	\$7,140
040: Tracheostomy and Gastrostomy Procedures Implantation of internal device, stomach; Bypass with exteriorization, trachea; Ventilation, respiratory system NEC; Occlusion, intracranial vessels	210	9%	\$60,179
003: Spinal Procedures Excision total, ribs; Excision parietal, spinal canal and meninges; Release, spinal cord; Repair, spinal vertebrae; Drainage, spinal canal and meninges; +++	154	7%	\$11,217
006: Carpal Tunnel Release and Specified Nervous System Procedures Release, nerve(s) of forearm and wrist; Excision parietal, brachial plexus; Repair by increasing size, tendons of ankle and foot; Release, muscles of hip and thigh; Excision total, thymus; +++	116	5%	\$5,920

Gender

Female	5,841
Male	5,948
Other	1

Age Groups

Surgical Partitions	
0 to 17 years old	297
18 to 69 years old	1,408
70 plus years old	581
Medical Partitions	
0 to 17 years old	1,035
18 to 69 years old	4,595
70 plus years old	3,874

MCC 01: Diseases & Disorders of the Nervous System

	<u>Activity</u>
Surgical Partitions	2,286 (19%)
Medical Partitions	9,504 (81%)
Total	11,790

Region of Residence

Chinook Regional Health Authority	662
Palliser Health Region	536
Calgary Health Region	3,151
David Thompson Regional Health Authority	1,503
East Central	639
Capital Health	2,989
Aspen Regional Health Authority	946
Peace Country Health	629
Northern Lights Health Region	203
Non-resident / Unknown	532

Top Five CMGs Based on Activity for Medical Partitions

- Includes at least 75 per cent of principal diagnoses within CMG

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
013: Specific Cerebrovascular Disorders except Transient/Ischemic Attacks Cerebrovascular diseases (I60-I69)	2,689	28%	\$8,795
022: Seizure and Headache Episodic and paroxysmal disorders (G40-G47); General symptoms and signs (R50-R69)	2,678	28%	\$3,366
014: Transient Ischemic Attacks and Precerebral Occlusions Episodic and paroxysmal disorders (G40-G47)	1,196	13%	\$3,806
028: Other Nervous System Diagnoses Symptoms and signs involving the nervous and musculoskeletal systems (R25-R29); Other disorders of the nervous system (G90-G99); Symptoms and signs involving the skin and subcutaneous tissue (R20-R23); Behavioural and emotional disorders with onset usually occurring in childhood and adolescence (F90-F98); Extrapyramidal and movement disorders (G20-G26)	735	8%	\$7,544
010: Neoplasm of Nervous System Malignant neoplasms of ill-defined, secondary and unspecified sites (C76-C80); Malignant neoplasms of eye, brain and other parts of central nervous system (C69-C72)	442	5%	\$8,760

Region of Service

Alberta Cancer Board	89
Mental Health Board	35
Chinook Regional Health Authority	487
Palliser Health Region	423
Calgary Health Region	3,926
David Thompson Regional Health Authority	1,097
East Central	441
Capital Health	4,033
Aspen Regional Health Authority	597
Peace Country Health	532
Northern Lights Health Region	130

Top Five CMGs Based on Activity for Surgical Partitions

- includes at least 75 per cent of procedures (coded as first intervention) within CMG

	Activity	% of Partition	Average Cost
052: Retinal Procedures Excision total, vitreous; Destruction, retina; Release, retina	1,316	60%	\$2,123
050: Orbital Procedures Implantation of internal device, sclera; Excision total, vitreous; Destruction, retina; Repair, soft tissue of orbit and eyeball NEC	347	16%	\$2,320
055: Lens Insertion (MNRH) Excision total, lens; Excision total, vitreous; Release, retina	283	13%	\$3,129
051: Other Intraocular Procedures Transplant, cornea; Repair, cornea; Drainage, anterior chamber (of eye); Excision total, vitreous	113	5%	\$2,680
057: Other Ophthalmic Procedures (MNRH) Bypass, lacrimal excretory system; Transfer, ocular muscles and tendons	60	3%	\$1,688

Gender	Female	Male
	1,126	1,369

Age Groups	Surgical Partitions	Medical Partitions
0 to 17 years old	77	90
18 to 69 years old	1,385	140
70 plus years old	716	87

MCC 02: Diseases & Disorders of the Eye

Activity	Activity
Surgical Partitions	2,178 (87%)
Medical Partitions	317 (13%)
Total	2,495

Region of Residence	Chinook Regional Health Authority	Palliser Health Region	Calgary Health Region	David Thompson Regional Health Authority	East Central	Capital Health	Aspen Regional Health Authority	Peace Country Health	Northern Lights Health Region	Non-resident / Unknown
	111	70	616	260	115	853	165	113	39	153

Top Five CMGs Based on Activity for Medical Partitions

- includes at least 75 per cent of principal diagnoses within CMG

	Activity	% of Partition	Average Cost
063: Other Ophthalmic Diagnoses (MNRH) Injuries to the head (S00-S09); Disorders of choroid and retina (H30-H36); Disorders of ocular muscles, binocular movement, accommodation and refraction (H49-H52); Visual disturbances and blindness (H53-H54); Disorders of eyelid, lacrimal system and orbit (H00-H06); +++	186	59%	\$3,137
060: Major Eye Infections Disorders of eyelid, lacrimal system and orbit (H00-H06); Disorders of sclera, cornea, iris and ciliary body (H15-H22)	101	32%	\$5,231
483: Diabetes Diabetes mellitus (E10-E14)	16	5%	\$4,142
062: Hypertension Injuries to the head (S00-S09)	14	4%	\$2,581

Region of Service	Chinook Regional Health Authority	Palliser Health Region	Calgary Health Region	David Thompson Regional Health Authority	East Central	Capital Health	Aspen Regional Health Authority	Peace Country Health	Northern Lights Health Region
	13	18	901	34	14	1,448	21	37	9

Top Five CMGs Based on Activity for Surgical Partitions

- includes at least 75 per cent of procedures (coded as first intervention) within CMG

093: Tonsillectomy and Adenoidectomy Procedures (MNRH) Excision total, tonsils and adenoids	Activity	% of Partition	Average Cost
083: Reconstructive ENT Procedures Repair, maxilla with mandible; Repair, mandible; Repair, maxilla; Repair, multiple bones of mid face region, without cranium involvement; Repair by increasing size, mandible	1,458	33%	\$1,944
088: Ethmoidectomy (MNRH) Excision partial, paranasal sinuses; Repair, nose	412	9%	\$6,526
077: Less Extensive Head and Neck Procedures Repair by decreasing size, uvula; Occlusion, other vessels of head, neck and spine NEC; Excision partial, tongue; Excision partial, nasal cartilage; Excision total, parotid gland; +++	404	9%	\$2,351
089: Dental Extraction or Restoration (MNRH) Extraction, tooth; Excision total, tooth	264	6%	\$3,262
	212	5%	\$2,465

Gender	
Female	4,601
Male	5,020

Age Groups	
<u>Surgical Partitions</u>	
0 to 17 years old	1,860
18 to 69 years old	2,210
70 plus years old	288
<u>Medical Partitions</u>	
0 to 17 years old	1,546
18 to 69 years old	2,557
70 plus years old	1,160

MCC 03: Diseases & Disorders of Ear, Nose, Mouth & Throat

<u>Surgical Partitions</u>	Activity	(45%)
<u>Medical Partitions</u>	4,358	
<u>Total</u>	5,263	(55%)
	9,621	

Region of Residence	
Chinook Regional Health Authority	409
Palliser Health Region	628
Calgary Health Region	1,626
David Thompson Regional Health Authority	1,531
East Central	825
Capital Health	2,259
Aspen Regional Health Authority	1,039
Peace Country Health	730
Northern Lights Health Region	219
Non-resident / Unknown	355

Top Five CMGs Based on Activity for Medical Partitions

- includes at least 75 per cent of principal diagnoses within CMG

115: Miscellaneous ENT Diagnoses (MNRH) Episodic and paroxysmal disorders (G40-G47); Symptoms and signs involving the circulatory and respiratory systems (R00-R09)	Activity	% of Partition	Average Cost
102: Dysequilibrium Symptoms and signs involving cognition, perception, emotional state and behaviour (R40-R46); Diseases of inner ear (H80-H83)	1,374	26%	\$1,816
114: Sore Throat (MNRH) Acute upper respiratory infections (J00-J06); Other diseases of upper respiratory tract (J30-J39)	960	18%	\$2,679
104: Influenza Croup (MNRH)	883	17%	\$2,262
116: Acute upper respiratory infections (J00-J06); Influenza and pneumonia (J10-J18)	751	14%	\$3,485
	340	6%	\$1,937

Region of Service	
Alberta Cancer Board	28
Chinook Regional Health Authority	341
Palliser Health Region	661
Calgary Health Region	1,823
David Thompson Regional Health Authority	1,949
East Central	585
Capital Health	2,655
Aspen Regional Health Authority	882
Peace Country Health	574
Northern Lights Health Region	123

Top Five CMGs Based on Activity for Surgical Partitions

- includes at least 75 per cent of procedures (coded as first intervention) within CMG

Activity	% of Partition	Average Cost
127: Major Respiratory Procedures Biopsy, lung; Excision partial, pleura; Drainage, pleura; Biopsy, bronchus; Inspection, lung	29%	\$13,521
126: Resection of Lung Excision partial, lobe of lung; Excision total, lobe of lung; Excision partial, lung NEC	24%	\$11,776
129: Other Respiratory Procedures Biopsy, mediastinal lymph nodes; Inspection, bronchus; Biopsy, bronchus; Biopsy, lymph nodes of neck region	11%	\$4,408
125: Tracheostomy Bypass with exteriorization, trachea; Ventilation, respiratory system NEC; Excision total, lobe of lung	9%	\$124,874
901: Non-extensive Unrelated O.R. Procedures Implantation of internal device, vena cava (superior and inferior); Ventilation, respiratory system NEC; Dilation, coronary arteries; Drainage, gallbladder; Excision partial, prostate; + + +	8%	\$29,199

MCC 04: Diseases & Disorders of the Respiratory System

Activity	(%)
Surgical Partitions	1,795 (7%)
Medical Partitions	23,469 (93%)
Total	25,264

Gender	
Female	11,812
Male	13,452

Age Groups	
Surgical Partitions	
0 to 17 years old	142
18 to 69 years old	1,089
70 plus years old	564
Medical Partitions	
0 to 17 years old	5,339
18 to 69 years old	8,391
70 plus years old	9,739

Region of Residence	
Chinook Regional Health Authority	1,565
Palliser Health Region	1,077
Calgary Health Region	6,259
David Thompson Regional Health Authority	3,347
East Central	1,365
Capital Health	6,031
Aspen Regional Health Authority	2,419
Peace Country Health	1,786
Northern Lights Health Region	747
Non-resident / Unknown	668

Region of Service	
Alberta Cancer Board	100
Chinook Regional Health Authority	1,525
Palliser Health Region	1,023
Calgary Health Region	6,775
David Thompson Regional Health Authority	3,144
East Central	1,249
Capital Health	6,924
Aspen Regional Health Authority	2,094
Peace Country Health	1,737
Northern Lights Health Region	693

Top Five CMGs Based on Activity for Medical Partitions

- includes at least 75 per cent of principal diagnoses within CMG

Activity	% of Partition	Average Cost
143: Simple Pneumonia and Pleurisy Influenza and pneumonia (J10-J18)	30%	\$5,461
142: Chronic Bronchitis Chronic lower respiratory diseases (J40-J47)	16%	\$5,225
140: Chronic Obstructive Pulmonary Disease (COPD) Chronic lower respiratory diseases (J40-J47)	13%	\$6,993
145: Tracheobronchitis Other acute lower respiratory infections (J20-J22)	11%	\$3,550
146: Asthma Chronic lower respiratory diseases (J40-J47)	10%	\$2,543

Top Five CMGs Based on Activity for Surgical Partitions

- Includes at least 75 per cent of procedures (coded as first intervention) within CMG

	Activity	% of Partition	Average Cost
188: Percutaneous Transluminal Coronary Angioplasty w Complicating Card Conditions Dilation, coronary arteries; Extraction, coronary arteries; X-ray, heart with coronary arteries; Pharmacotherapy, total body; Implantation of internal device, hip joint; +++	1,880	19%	\$11,696
189: Percutaneous Transluminal Coronary Angioplasty w/o Complic Cardiac Conditions Dilation, coronary arteries	1,791	18%	\$7,873
179: Coronary Bypass with Heart Pump without Cardiac Cath Bypass, coronary arteries	1,256	12%	\$18,246
186: Permanent Pacemaker Implant without Complicating Cardiac Conditions Implantation of internal device, heart NEC; Implantation of internal device, endocardium	1,045	10%	\$18,544
177: Cardiac Valve Replacement with Heart Pump without Cardiac Cath Excision total with reconstruction, aortic valve; Excision total with reconstruction, mitral valve	483	5%	\$25,682

Gender	
Female	14,136
Male	19,902
Other	1

Age Groups	
<u>Surgical Partitions</u>	
0 to 17 years old	395
18 to 69 years old	5,678
70 plus years old	4,023
<u>Medical Partitions</u>	
0 to 17 years old	266
18 to 69 years old	11,052
70 plus years old	12,625

MCC 05: Both Cardiac and Vascular Diseases & Disorders of Circulatory System

	Activity	(30%)	(70%)
Surgical Partitions	10,096		
Medical Partitions	23,943		
Total	34,039		

Region of Residence	
Chinook Regional Health Authority	2,048
Palliser Health Region	1,723
Calgary Health Region	9,683
David Thompson Regional Health Authority	4,768
East Central	2,066
Capital Health	7,079
Aspen Regional Health Authority	2,631
Peace Country Health	1,899
Northern Lights Health Region	491
Non-resident / Unknown	1,651

Region of Service	
Alberta Cancer Board	37
Chinook Regional Health Authority	1,646
Palliser Health Region	1,405
Calgary Health Region	11,911
David Thompson Regional Health Authority	3,882
East Central	1,652
Capital Health	9,454
Aspen Regional Health Authority	1,934
Peace Country Health	1,662
Northern Lights Health Region	456

Top Five CMGs Based on Activity for Medical Partitions

- Includes at least 75 per cent of principal diagnoses within CMG

	Activity	% of Partition	Average Cost
222: Heart Failure Other forms of heart disease (I30-I52)	4,364	18%	\$6,911
237: Arrhythmia Other forms of heart disease (I30-I52)	3,161	13%	\$4,240
242: Chest Pain Symptoms and signs involving the circulatory and respiratory systems (R00-R09)	3,123	13%	\$2,339
208: AMI without Cardiac Cath without Specified Cardiac Conditions Ischaemic heart diseases (I20-I25)	1,771	7%	\$5,478
213: Unstable Angina without Cardiac Cath without Specified Cardiac Conditions Ischaemic heart diseases (I20-I25)	1,306	5%	\$3,375

Top Five CMGs Based on Activity for Surgical Partitions

- includes at least 75 per cent of procedures (coded as first intervention) within CMG

	Activity	% of Partition	Average Cost
253: Major Intestinal and Rectal Procedures Excision partial, large intestine; Excision partial, small intestine; Excision partial, rectum	2,520	19%	\$13,244
262: Simple Appendectomy Excision total, appendix	2,335	18%	\$3,270
269: Bilateral or Complex Unilateral Hernia Procedures Repair, muscles of the chest and abdomen	1,869	14%	\$3,530
251: Gastrectomy and Colonostomy Procedures Excision total, rectum; Excision partial, rectum; Bypass with exteriorization, large intestine; Bypass with exteriorization, small intestine; Implantation of internal device, stomach; +++	1,154	9%	\$20,788
258: Laparotomy Release, small and large intestine; Excision total, appendix; Repair, muscles of the chest and abdomen; Release, abdominal cavity; Inspection, abdominal cavity; +++	971	7%	\$8,823

Gender	Female	Male
	17,394	16,709

Age Groups	Surgical Partitions	Medical Partitions
0 to 17 years old	1,464	2,670
18 to 69 years old	8,872	11,514
70 plus years old	2,867	6,716

MCC 06: Diseases & Disorders of the Digestive System

Activity	% of Partition
Surgical Partitions	13,203 (39%)
Medical Partitions	20,900 (61%)
Total	34,103

Region of Residence	Chinook Regional Health Authority	Palliser Health Region	Calgary Health Region	David Thompson Regional Health Authority	East Central	Capital Health	Aspen Regional Health Authority	Peace Country Health	Northern Lights Health Region	Non-resident / Unknown
	1,958	1,563	8,957	4,675	2,201	7,918	2,774	2,146	833	1,078

Top Five CMGs Based on Activity for Medical Partitions

- includes at least 75 per cent of principal diagnoses within CMG

	Activity	% of Partition	Average Cost
294: Esophagitis, Gastroenteritis and Miscellaneous Digestive Disease Symptoms and signs involving the digestive system and abdomen (R10-R19); Noninfective enteritis and colitis (K50-K52); Other diseases of intestines (K55-K63); Intestinal infectious diseases (A00-A09)	12,436	60%	\$3,103
281: G.I. Hemorrhage Other diseases of the digestive system (K90-K93); Diseases of oesophagus, stomach and duodenum (K20-K31)	2,433	12%	\$4,170
290: G.I. Obstruction Other diseases of intestines (K55-K63)	2,206	11%	\$3,276
297: Other G.I. Diagnoses Other diseases of intestines (K55-K63); Other diseases of the digestive system (K90-K93); Diseases of appendix (K35-K38); Diseases of peritoneum (K65-K67); Effects of foreign body entering through natural orifice (T15-T19)	1,791	9%	\$3,693
289: Inflammatory Bowel Disease Noninfective enteritis and colitis (K50-K52)	879	4%	\$3,892

Region of Service	Alberta Cancer Board	Chinook Regional Health Authority	Palliser Health Region	Calgary Health Region	David Thompson Regional Health Authority	East Central	Capital Health	Aspen Regional Health Authority	Peace Country Health	Northern Lights Health Region
	119	1,934	1,510	9,523	4,450	1,881	9,601	2,056	2,233	796

Top Five CMGs Based on Activity for Surgical Partitions

- includes at least 75 per cent of procedures (coded as first intervention) within CMG

	Activity	% of Partition	Average Cost
317: Laparoscopic Cholecystectomy Excision total, gallbladder	3,288	71%	\$4,149
315: Cholecystectomy Excision total, gallbladder	383	8%	\$9,673
314: Other Hepatobiliary and Pancreatic Procedures Drainage, gallbladder; Extraction, gallbladder; Drainage, bile ducts; Excision total, gallbladder; Destruction, liver	223	5%	\$11,552
312: Major Hepatobiliary Procedures Excision partial, liver; Excision total, gallbladder; Bypass, bile ducts	212	5%	\$17,183
311: Major Pancreatic Procedures Excision partial, pancreas; Excision partial, pancreas with duodenum; Bypass, small intestine; Drainage, pancreas; Bypass, abdominal veins NEC; ++	200	4%	\$24,086

Gender	Activity
Female	5,376
Male	4,343

Age Groups	Activity
<u>Surgical Partitions</u>	
0 to 17 years old	108
18 to 69 years old	3,704
70 plus years old	832
<u>Medical Partitions</u>	
0 to 17 years old	119
18 to 69 years old	3,668
70 plus years old	1,288

MCC 07: Diseases & Disorders of Hepatobiliary Sys/Pancreas

Activity	Activity
Surgical Partitions	4,644 (48%)
Medical Partitions	5,075 (52%)
Total	9,719

Region of Residence	Activity
Chinook Regional Health Authority	474
Palliser Health Region	489
Calgary Health Region	2,393
David Thompson Regional Health Authority	1,213
East Central	548
Capital Health	2,649
Aspen Regional Health Authority	855
Peace Country Health	472
Northern Lights Health Region	248
Non-resident / Unknown	378

Top Five CMGs Based on Activity for Medical Partitions

- includes at least 75 per cent of principal diagnoses within CMG

	Activity	% of Partition	Average Cost
325: Pancreas Diseases except Malignancy Disorders of gallbladder, biliary tract and pancreas (K80-K87)	1,950	38%	\$3,696
329: Biliary Tract Diseases Disorders of gallbladder, biliary tract and pancreas (K80-K87)	1,436	28%	\$3,751
326: Liver Diseases except Cirrhosis or Cancer Diseases of liver (K70-K77)	692	14%	\$8,598
324: Pancreatic Cancer or Other Malignancy of Hepatobiliary System Malignant neoplasms of digestive organs (C15-C26); Malignant neoplasms of ill-defined, secondary and unspecified sites (C76-C80)	597	12%	\$7,854
323: Cirrhosis and Alcoholic Hepatitis Diseases of liver (K70-K77)	400	8%	\$8,172

Region of Service	Activity
Alberta Cancer Board	43
Chinook Regional Health Authority	454
Palliser Health Region	492
Calgary Health Region	2,505
David Thompson Regional Health Authority	1,104
East Central	480
Capital Health	3,341
Aspen Regional Health Authority	594
Peace Country Health	487
Northern Lights Health Region	219

Top Five CMGs Based on Activity for Surgical Partitions

- includes at least 75 per cent of procedures (coded as first intervention) within CMG

	Activity	% of Partition	Average Cost
354: Knee Replacement Implantation of internal device, knee joint	3,021	21%	\$9,028
352: Hip Replacement Implantation of internal device, hip joint	2,433	17%	\$10,285
375: Minor Upper Extremity Procedures Repair, rotator cuff; Repair, acromioclavicular and sternoclavicular joints; Repair, shoulder joint	1,516	11%	\$2,984
374: Minor Lower Extremity Procedures Repair, cruciate ligaments of knee; Fusion, tarsal bones and metatarsal joints [hindfoot, midfoot]; Fusion, tarsometatarsal joints, metatarsal bones and metatarsophalangeal joints [forefoot]; Removal of device, femur; Repair, knee joint; +++	1,338	9%	\$4,260
365: Back and Neck Procedures without Fusion Excision partial, intervertebral disc; Repair, spinal vertebrae	1,155	8%	\$5,182

Gender	
Female	10,020
Male	9,146

Age Groups	
Surgical Partitions	
0 to 17 years old	866
18 to 69 years old	9,516
70 plus years old	3,724
Medical Partitions	
0 to 17 years old	250
18 to 69 years old	2,447
70 plus years old	2,363

MCC 08: Disease & Disorder of Musculoskeletal Sys & Conn Tissue

Activity	
Surgical Partitions	14,106 (74%)
Medical Partitions	5,060 (26%)
Total	19,166

Region of Residence	
Chinook Regional Health Authority	1,159
Palliser Health Region	798
Calgary Health Region	5,627
David Thompson Regional Health Authority	2,310
East Central	992
Capital Health	5,006
Aspen Regional Health Authority	1,310
Peace Country Health	953
Northern Lights Health Region	249
Non-resident / Unknown	762

Top Five CMGs Based on Activity for Medical Partitions

- includes at least 75 per cent of principal diagnoses within CMG

	Activity	% of Partition	Average Cost
409: Back Pain (MNPB) Dorsopathies (M40-M54)	1,000	20%	\$3,749
402: Disc Disease Dorsopathies (M40-M54)	851	17%	\$5,188
391: Secondary Neoplasms and Pathological Fractures Malignant neoplasms of ill-defined, secondary and unspecified sites (C76-C80); Osteopathies and chondropathies (M80-M94)	677	13%	\$10,467
398: Other Inflammatory Arthritis Arthropathies (M00-M25); Systemic connective tissue disorders (M30-M36)	614	12%	\$5,264
411: Signs, Symptoms and Deformities (MNRH) Soft tissue disorders (M60-M79); Arthropathies (M00-M25)	435	9%	\$4,252

Region of Service	
Alberta Cancer Board	117
Chinook Regional Health Authority	1,050
Palliser Health Region	697
Calgary Health Region	6,699
David Thompson Regional Health Authority	1,576
East Central	638
Capital Health	6,872
Aspen Regional Health Authority	585
Peace Country Health	831
Northern Lights Health Region	101

Top Five CMGs Based on Activity for Surgical Partitions

- includes at least 75 per cent of procedures (coded as first intervention) within CMG

	Activity	% of Partition	Average Cost
425: Skin Graft and Wound Debridement for Dermatologic Dis except Ulcer or Cellulitis Repair by decreasing size, breast; Excision radical, breast; Repair, breast; Excision total with reconstruction, breast	1,330	31%	\$4,209
429: Total Mastectomy for Breast Malignancy Excision total, breast; Excision radical, breast	1,017	24%	\$4,203
432: Subtotal Mastectomy and Other Breast Procedures for Malignancy Excision partial, breast	801	19%	\$3,609
437: Other Dermatological Procedures without Malignancy or Skin Ulcer or Cellulitis Drainage, soft tissue of the chest and abdomen; Drainage, soft tissue of head and neck; Excision partial, skin of abdomen and trunk; Destruction, soft tissue of leg; Excision partial, soft tissue of head and neck, ++	255	6%	\$4,612
438: Other Dermatological Procedures for Malignancy or Skin Ulcer or Cellulitis Destruction, skin of abdomen and trunk; Excision partial, skin of abdomen and trunk; Excision partial, lymph node(s), axillary; Excision total, lymph node(s), axillary; Destruction, soft tissue of the back, +++	187	4%	\$10,691

Gender	Activity
Female	5,246
Male	2,100

Age Groups	Activity
Surgical Partitions	
0 to 17 years old	149
18 to 69 years old	3,390
70 plus years old	748
Medical Partitions	
0 to 17 years old	352
18 to 69 years old	1,700
70 plus years old	1,007

MCC 09: Disease & Disorder of Skin, Subcutaneous Tissue & Breast

Activity	% of Partition
Surgical Partitions	(58%)
Medical Partitions	(42%)
Total	7,346

Region of Residence	Activity
Chinook Regional Health Authority	379
Palliser Health Region	297
Calgary Health Region	2,250
David Thompson Regional Health Authority	902
East Central	393
Capital Health	1,737
Aspen Regional Health Authority	553
Peace Country Health	359
Northern Lights Health Region	174
Non-resident / Unknown	302

Top Five CMGs Based on Activity for Medical Partitions

- includes at least 75 per cent of principal diagnoses within CMG

	Activity	% of Partition	Average Cost
447: Cellulitis Infections of the skin and subcutaneous tissue (L00-L08)	1,919	63%	\$4,608
454: Minor Skin Disorders Dermatitis and eczema (L20-L30); Symptoms and signs involving the skin and subcutaneous tissue (R20-R29); Urticaria and erythema (L50-L54); Other disorders of the skin and subcutaneous tissue (L80-L99)	397	13%	\$3,717
452: Trauma of Skin, Subcutaneous Tissue and Breast Injuries to the head (S00-S09); Injuries to the thorax (S20-S29); Injuries to the abdomen, lower back, lumbar spine and pelvis (S30-S39); Injuries involving multiple body regions (T00-T07); Injuries to the knee and lower leg (S80-S89); +++	300	10%	\$3,362
439: Skin Ulcer Other disorders of the skin and subcutaneous tissue (L80-L99)	168	5%	\$15,082
440: Major Skin Disorders Urticaria and erythema (L50-L54); Viral infections characterized by skin and mucous membrane lesions (B00-B09); Melanoma and other malignant neoplasms of skin (C43-C44)	146	5%	\$4,844

Region of Service9	Activity
Alberta Cancer Board	19
Chinook Regional Health Authority	381
Palliser Health Region	269
Calgary Health Region	2,534
David Thompson Regional Health Authority	759
East Central	413
Capital Health	2,107
Aspen Regional Health Authority	385
Peace Country Health	340
Northern Lights Health Region	139

Top Five CMGs Based on Activity for Surgical Partitions
- includes at least 75 per cent of procedures (coded as first intervention) within CMG

Activity	% of Partition	Average Cost
479: Thyroid Procedures Excision total, thyroid gland; Excision partial, thyroid gland	43%	\$4,350
478: Obesity Procedures Repair by decreasing size, skin of abdomen and trunk	20%	\$6,897
477: Parathyroid Procedures Excision partial, parathyroid gland	9%	\$4,329
251: Gastrectomy and Colostomy Procedures Repair by decreasing size, stomach; Implantation of internal device, stomach	6%	\$13,584
482: Other Endocrine, Nutrition and Metabolic Procedures Transplant, pancreas; Bypass, arteries of leg NEC; Implantation of internal device, vena cava (superior and inferior); Excision partial, pancreas; Excision partial, tarsometatarsal joints, metatarsal bones and metatarsophalangeal joints [forefoot]; +,++	5%	\$26,589

Gender	
Female	4,477
Male	3,114

Age Groups	
<u>Surgical Partitions</u>	
0 to 17 years old	78
18 to 69 years old	1,833
70 plus years old	223
<u>Medical Partitions</u>	
0 to 17 years old	752
18 to 69 years old	2,873
70 plus years old	1,832

MCC 10: Endocrine Nutritional & Metabolic Disease & Disorders

Activity	
Surgical Partitions	2,134 (28%)
Medical Partitions	5,457 (72%)
Total	7,591

Region of Residence	
Chinook Regional Health Authority	533
Palliser Health Region	377
Calgary Health Region	1,889
David Thompson Regional Health Authority	837
East Central	502
Capital Health	1,767
Aspen Regional Health Authority	688
Peace Country Health	484
Northern Lights Health Region	223
Non-resident / Unknown	291

Top Five CMGs Based on Activity for Medical Partitions
- includes at least 75 per cent of principal diagnoses within CMG

Activity	% of Partition	Average Cost
483: Diabetes Diabetes mellitus (E10-E14)	49%	\$4,139
485: Nutritional and Miscellaneous Metabolic Disorders Metabolic disorders (E70-E90)	42%	\$4,762
489: Endocrine Disorders Malignant neoplasms of thyroid and other endocrine glands (C73-C75); Disorders of other endocrine glands (E20-E35); Disorders of thyroid gland (E00-E07)	6%	\$4,610
487: Cystic Fibrosis Metabolic disorders (E70-E90)	2%	\$14,513
488: Inborn Errors of Metabolism Metabolic disorders (E70-E90)	1%	\$16,513

Region of Service	
Alberta Cancer Board	109
Mental Health Board	1
Chinook Regional Health Authority	563
Palliser Health Region	491
Calgary Health Region	1,983
David Thompson Regional Health Authority	711
East Central	443
Capital Health	2,099
Aspen Regional Health Authority	534
Peace Country Health	466
Northern Lights Health Region	191

Top Five CMGs Based on Activity for Surgical Partitions

- includes at least 75 per cent of procedures (coded as first intervention) within CMG

Activity	% of Partition	Average Cost
512: Other Transurethral or Biopsy Procedures (MNRH) Excision partial, bladder NEC; Extraction, ureter NEC; Destruction, ureter NEC	1,881 31%	\$2,130
510: Transurethral Prostatectomy Excision partial, prostate	1,495 25%	\$3,362
504: Major Urinary Tract Procedures Excision radical, kidney; Destruction, renal pelvis; Excision total, kidney; Procurement, kidney; Excision partial, kidney; +++	750 12%	\$8,479
502: Radical Prostatectomy Excision radical, prostate	672 11%	\$7,501
508: Minor Urinary Tract Procedures Excision, renal pelvis; Repair, renal pelvis; Drainage, renal pelvis	276 5%	\$7,052

Gender	5,113
Female	
Male	8,899

Age Groups	
Surgical Partitions	203
0 to 17 years old	3,717
18 to 69 years old	2,124
70 plus years old	
Medical Partitions	692
0 to 17 years old	4,068
18 to 69 years old	3,197
70 plus years old	
Surgical/Medical Partition	8
0 to 17 years old	3
18 to 69 years old	
70 plus years old	

MCC 11: Diseases & Disorders of Kidney & Urinary Tract

Activity	(43%)
Surgical Partitions	6,044
Medical Partitions	7,957 (57%)
Surgical/Medical Partitions	11 (0%)
Total	14,012

Region of Residence	
Chinook Regional Health Authority	800
Palliser Health Region	721
Calgary Health Region	4,731
David Thompson Regional Health Authority	1,714
East Central	736
Capital Health	2,972
Aspen Regional Health Authority	932
Peace Country Health	652
Northern Lights Health Region	239
Non-resident / Unknown	515

Activity	% of Partition	Average Cost
529: Lower Urinary Tract Infection Other diseases of urinary system (N30-N39)	2,071 26%	\$5,024
536: Urinary Obstruction (MNRH) Urolithiasis (N20-N23)	2,064 26%	\$2,058
521: Renal Failure without Dialysis Renal failure (N17-N19); Diabetes mellitus (E10-E14)	1,258 16%	\$7,089
527: Upper Urinary Tract Infection Renal tubulo-interstitial diseases (N10-N16)	1,037 13%	\$3,835
522: Urinary Neoplasm Malignant neoplasms of urinary tract (C64-C68); Malignant neoplasms of male genital organs (C60-C63)	396 5%	\$8,284

Region of Service	
Alberta Cancer Board	33
Chinook Regional Health Authority	784
Palliser Health Region	709
Calgary Health Region	5,090
David Thompson Regional Health Authority	1,540
East Central	549
Capital Health	3,911
Aspen Regional Health Authority	618
Peace Country Health	584
Northern Lights Health Region	194

Top Five CMGs Based on Activity for Surgical Partitions

- includes at least 75 per cent of procedures (coded as first intervention) within CMG

554:	Miscellaneous Male Reproductive System Procedures (MNRH) Fixation, testis; Excision partial, tunica vaginalis; Excision partial, epididymis; Occlusion, spermatic cord
552:	Testes Procedures Excision total, testis; Excision radical, testis; Excision partial, testis
551:	Penis Procedures Repair, penis NEC
555:	Circumcision (MNRH) Excision total, prepuce
901:	Non-extensive Unrelated O.R. Procedures Drainage, pelvis; Repair, skin of abdomen and trunk; Drainage, bladder NEC; Destruction, skin of abdomen and trunk; Drainage, penis NEC

Activity	% of Partition	Average Cost
179	36%	\$2,138
158	31%	\$2,849
99	20%	\$3,430
48	10%	\$1,780
6	1%	\$3,107

Gender
Male

Age Groups	
Surgical Partitions	198
0 to 17 years old	271
18 to 69 years old	33
70 plus years old	20
Medical Partitions	105
0 to 17 years old	21
18 to 69 years old	
70 plus years old	

MCC 12: Diseases & Disorders of Male Reproductive System

Activity	
Surgical Partitions	502 (77%)
Medical Partitions	146 (23%)
Total	648

Region of Residence	
Chinook Regional Health Authority	17
Palliser Health Region	59
Calgary Health Region	209
David Thompson Regional Health Authority	116
East Central	21
Capital Health	110
Aspen Regional Health Authority	33
Peace Country Health	29
Northern Lights Health Region	13
Non-resident / Unknown	41

Top Four CMGs Based on Activity for Medical Partitions

- includes at least 75 per cent of principal diagnoses within CMG

561:	Male Reproductive System Inflammation Diseases of male genital organs (N40-N51)
563:	Miscellaneous Male Reproductive System Diagnoses (MNRH) Diseases of male genital organs (N40-N51)
562:	Other Male Reproductive System Diagnoses Diseases of male genital organs (N40-N51)
560:	Malignancy of Male Reproductive Organ Malignant neoplasms of male genital organs (C60-C63)

Activity	% of Partition	Average Cost
108	74%	\$3,344
15	10%	\$1,884
15	10%	\$2,377
8	5%	\$9,842

Region of Service	
Alberta Cancer Board	1
Chinook Regional Health Authority	13
Palliser Health Region	65
Calgary Health Region	233
David Thompson Regional Health Authority	96
East Central	9
Capital Health	176
Aspen Regional Health Authority	18
Peace Country Health	25
Northern Lights Health Region	12

Top Five CMGs Based on Activity for Surgical Partitions

- includes at least 75 per cent of procedures (coded as first intervention) within CMG

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
579: Major Uterine and Adnexal Procedures without Malignancy Excision total, uterus and surrounding structures; Excision partial, uterus and surrounding structures	6,016	67%	\$4,327
581: Reconstructive Gynecological Procedures Fixation, bladder neck; Repair, vagina NEC	1,262	14%	\$3,678
587: Miscellaneous Gynecological Procedures (MNRH) Excision partial, uterus and surrounding structures; Drainage, vulva NEC	411	5%	\$1,370
578: Major Gynecological Procedures for Malignancy except Ovarian or Adnexal Excision total, uterus and surrounding structures	388	4%	\$6,205
584: Vagina, Cervix and Vulva Procedures Repair, vagina NEC; Excision partial, vulva NEC; Excision partial, cervix NEC	287	3%	\$3,169

<u>Gender</u>	
Female	9,899

<u>Age Groups</u>	
<u>Surgical Partitions</u>	
0 to 17 years old	66
18 to 69 years old	8,229
70 plus years old	734
<u>Medical Partitions</u>	
0 to 17 years old	66
18 to 69 years old	710
70 plus years old	94

MCC 13: Diseases & Disorders of Female Reproductive System

<u>Activity</u>	
Surgical Partitions	9,029 (91%)
Medical Partitions	870 (9%)
Total	9,899

<u>Region of Residence</u>	
Chinook Regional Health Authority	644
Palliser Health Region	321
Calgary Health Region	3,077
David Thompson Regional Health Authority	1,008
East Central	478
Capital Health	2,853
Aspen Regional Health Authority	631
Peace Country Health	380
Northern Lights Health Region	309
Non-resident / Unknown	198

Top Five CMGs Based on Activity for Medical Partitions

- includes at least 75 per cent of principal diagnoses within CMG

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
596: Miscellaneous Gynecological Diagnoses (MNRH) Noninflammatory disorders of female genital tract (N80-N98)	515	59%	\$1,937
594: Female Reproductive System Infection Inflammatory diseases of female pelvic organs (N70-N77)	181	21%	\$2,443
592: Malignancy of Female Reproductive Organ Malignant neoplasms of female genital organs (C51-C58)	159	18%	\$6,315
595: Other Female Reproductive System Diagnoses and Injuries Noninflammatory disorders of female genital tract (N80-N98)	15	2%	\$2,084

<u>Region of Service</u>	
Alberta Cancer Board	39
Chinook Regional Health Authority	688
Palliser Health Region	263
Calgary Health Region	3,280
David Thompson Regional Health Authority	692
East Central	369
Capital Health	3,701
Aspen Regional Health Authority	231
Peace Country Health	387
Northern Lights Health Region	249

Top Five CMGs Based on Activity for Surgical Partitions

- includes at least 75 per cent of procedures (coded as first intervention) within CMG

604: Cesarean Delivery	Activity	% of Partition	Average Cost
Cesarean section delivery	3,267	32%	\$3,763
602: Cesarean Delivery with Complicating Diagnosis	3,091	30%	\$4,654
Cesarean section delivery	2,500	24%	\$3,033
603: Repeat Cesarean Delivery	1,201	12%	\$3,664
Cesarean section delivery	202	2%	\$5,813
601: Repeat Cesarean Delivery with Complicating Diagnosis			
Cesarean section delivery			
600: Major Procedures in Pregnancy or Childbirth			
Cesarean section delivery			

Gender
Female

49,706

Age Groups

Surgical Partitions
0 to 17 years old 89
18 to 69 years old 10,177
70 plus years old

Medical Partitions
0 to 17 years old 782
18 to 69 years old 38,522
70 plus years old

Surgical/Medical Partition

0 to 17 years old 3
18 to 69 years old 133
70 plus years old

MCC 14: Pregnancy & Childbirth

Surgical Partitions	Activity	% of Partition	Average Cost
Medical Partitions	10,266 (21%)		
Surgical/Medical Partitions	39,304 (79%)		
Total	136 (0%)		
	49,706		

Region of Residence

Chinook Regional Health Authority 2,351
Palliser Health Region 1,635
Calgary Health Region 16,987
David Thompson Regional Health Authority 4,823
East Central 1,642
Capital Health 14,020
Aspen Regional Health Authority 3,276
Peace Country Health 2,515
Northern Lights Health Region 1,753
Non-resident / Unknown 704

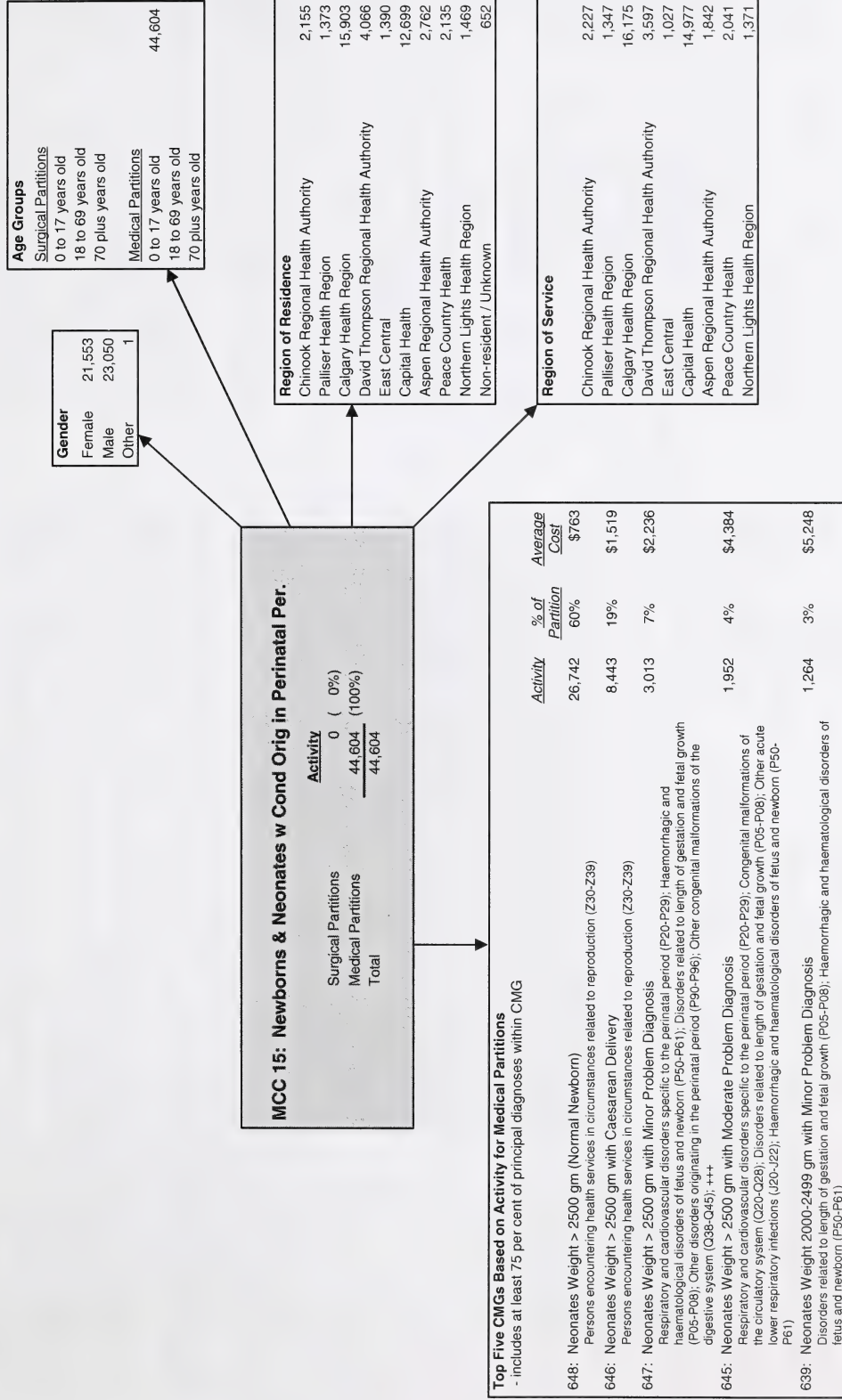
Top Five CMGs Based on Activity for Medical Partitions

- includes at least 75 per cent of principal diagnoses within CMG

611: Vaginal Delivery	Activity	% of Partition	Average Cost
Complications of labour and delivery (O60-O75)	17,314	44%	\$1,958
609: Vaginal Delivery with Complicating Diagnosis	11,200	28%	\$2,504
Complications of labour and delivery (O60-O75); Maternal care related to the fetus and amniotic cavity and possible delivery problems (O30-O48)	2,409	6%	\$1,396
624: Antepartum Diagnosis	1,681	4%	\$1,038
Maternal care related to the fetus and amniotic cavity and possible delivery problems (O30-O48); Other obstetric conditions, not elsewhere classified (O95-O99); Other maternal disorders predominantly related to pregnancy (O20-O29); Oedema, proteinuria and hypertensive disorders in pregnancy, childbirth and the puerperium (O10-O16)	1,365	3%	\$2,063
617: Abortive Outcome with D and C			
Pregnancy with abortive outcome (O00-O08)			
623: Antepartum Diagnosis with Complicating Diagnosis			
Other maternal disorders predominantly related to pregnancy (O20-O29); Maternal care related to the fetus and amniotic cavity and possible delivery problems (O30-O48); Oedema, proteinuria and hypertensive disorders in pregnancy, childbirth and the puerperium (O10-O16)			

Region of Service

Chinook Regional Health Authority 2,448
Palliser Health Region 1,624
Calgary Health Region 17,250
David Thompson Regional Health Authority 4,360
East Central 1,279
Capital Health 16,362
Aspen Regional Health Authority 2,280
Peace Country Health 2,413
Northern Lights Health Region 1,690



Top Five CMGs Based on Activity for Surgical Partitions

- includes at least 75 per cent of procedures (coded as first intervention) within CMG

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
703: Other O.R. Procedures of Blood and Blood-forming Organs Implantation of internal device, vena cava (superior and inferior); Biopsy, mediastinal lymph nodes; Biopsy, lymph nodes of neck region; Biopsy, axillary lymph nodes; Excision partial, lymph node(s), neck region NEC (cervical); ++	119	38%	\$8,216
701: Splenectomy Excision total, spleen	78	25%	\$9,841
700: Bone Marrow Transplant Transfusion, circulatory system NEC	47	15%	\$79,236
901: Non-extensive Unrelated O.R. Procedures Drainage, skin of neck; Biopsy, lung; Removal of device, vena cava (superior and inferior); Dilation, coronary arteries; Biopsy, bone marrow, +++	30	10%	\$20,668
900: Extensive Unrelated O.R. Procedures Implantation of internal device, abdominal cavity; Occlusion, vena cava (superior and inferior); Implantation of internal device, heart NEC; Excision partial, pancreas; Excision radical, stomach, +++	21	7%	\$31,755

<u>Gender</u>	
Female	1,487
Male	1,262

<u>Age Groups</u>	
<u>Surgical Partitions</u>	
0 to 17 years old	73
18 to 69 years old	194
70 plus years old	45
<u>Medical Partitions</u>	
0 to 17 years old	436
18 to 69 years old	1,113
70 plus years old	888

MCC 16: Disease & Disorder of Blood, Blood-form Org & Immunol Disor

<u>Activity</u>	
Surgical Partitions	312 (11%)
Medical Partitions	2,437 (89%)
Total	2,749

<u>Region of Residence</u>	
Chinook Regional Health Authority	122
Palliser Health Region	108
Calgary Health Region	708
David Thompson Regional Health Authority	274
East Central	182
Capital Health	816
Aspen Regional Health Authority	240
Peace Country Health	189
Northern Lights Health Region	40
Non-resident / Unknown	70

Top Five CMGs Based on Activity for Medical Partitions

- includes at least 75 per cent of principal diagnoses within CMG

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
704: Red Blood Cell Disorders Aplastic and other anaemias (D60-D64); Nutritional anaemias (D50-D53)	1,345	55%	\$4,791
710: Reticuloendothelial and Immunity Disorders Other diseases of blood and blood-forming organs (D70-D77)	735	30%	\$6,305
709: Coagulation Disorders Coagulation defects, purpura and other haemorrhagic conditions (D65-D69)	357	15%	\$4,019

<u>Region of Service</u>	
Alberta Cancer Board	283
Chinook Regional Health Authority	111
Palliser Health Region	94
Calgary Health Region	778
David Thompson Regional Health Authority	222
East Central	143
Capital Health	752
Aspen Regional Health Authority	176
Peace Country Health	158
Northern Lights Health Region	32

Top Five CMGs Based on Activity for Surgical Partitions

- includes at least 75 per cent of procedures (coded as first intervention) within CMG

Activity	% of Partition	Average Cost
728: Lymphoma and Chronic Leukemia with Other Procedures Biopsy, lymph nodes of neck region; Excision partial, lymph node(s), axillary, Boopsy, inguinal lymph nodes; Implantation of internal device, vena cava (superior and inferior); Biopsy, intraabdominal lymph nodes; +++	38%	\$14,073
725: Major Leukemia and Lymphoma Procedures Excision total, lymph node(s), axillary; Excision total, lymph node(s), neck region NEC (cervical); Excision radical, lymph node(s), neck region NEC (cervical); Excision partial, lymph node(s), neck region NEC (cervical); Excision total, spleen; +++	25%	\$12,108
700: Bone Marrow Transplant Transfusion, circulatory system NEC	17%	\$56,991
733: Major Ill-defined Neoplasm Procedures Excision partial, abdominal cavity; Excision partial, soft tissue of the chest and abdomen; Excision radical, abdominal cavity; Excision total, thymus; Excision partial, large intestine; +++	10%	\$16,070
734: Ill-defined Neoplasm with Other Procedures Implantation of internal device, vena cava (superior and inferior); Excision partial, soft tissue of head and neck; Excision total, uterus and surrounding structures; Excision partial, soft tissue of leg; Biopsy, abdominal cavity; +++	9%	\$9,631

Gender	1,440 Female 1,605 Male
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Age Groups	
Surgical Partitions	44
0 to 17 years old	513
18 to 69 years old	169
70 plus years old	556
Medical Partitions	1,006
0 to 17 years old	553
18 to 69 years old	36
70 plus years old	114
Surgical/Medical Partition	54
0 to 17 years old	
18 to 69 years old	
70 plus years old	

**MCC 17: Both Lymphoma or Leukemia and Neoplasm of
Unspecified Site**

Activity	
Surgical Partitions	726 (24%)
Medical Partitions	2,115 (69%)
Surgical/Medical Partitions	204 (7%)
Total	3,045

Region of Residence	
Chinook Regional Health Authority	175
Palliser Health Region	91
Calgary Health Region	1,107
David Thompson Regional Health Authority	292
East Central	131
Capital Health	713
Aspen Regional Health Authority	232
Peace Country Health	94
Northern Lights Health Region	38
Non-resident / Unknown	172

Region of Service	
Alberta Cancer Board	272
Chinook Regional Health Authority	79
Palliser Health Region	50
Calgary Health Region	1,488
David Thompson Regional Health Authority	140
East Central	52
Capital Health	821
Aspen Regional Health Authority	67
Peace Country Health	67
Northern Lights Health Region	9

Top Five CMGs Based on Activity for Medical Partitions

- includes at least 75 per cent of principal diagnoses within CMG

Activity	% of Partition	Average Cost
736: Chemotherapy Persons encountering health services for specific procedures and health care (Z40-Z54)	45%	\$4,867
730: Lymphoma and Chronic Leukemia Malignant neoplasms of lymphoid, haematopoietic and related tissue (C81-C96)	37%	\$9,982
735: Radiation Therapy Persons encountering health services for specific procedures and health care (Z40-Z54)	9%	\$4,192
737: Other Poorly Differentiated Neoplastic Diagnoses Malignant neoplasms of ill-defined, secondary and unspecified sites (C76-C80)	8%	\$9,031

Top Five CMGs Based on Activity for Surgical Partitions

- Includes at least 75 per cent of procedures (coded as first intervention) within CMG

750: Multisystemic or Unspecified Site Infections with Surgery
Destruction, soft tissue of leg; Drainage, abdominal cavity; Excision partial, knee joint; Destruction, skin of abdomen and trunk; Destruction, soft tissue of the chest and abdomen; +++

Activity	% of Partition	Average Cost
555	100%	\$26,106

750: Multisystemic or Unspecified Site Infections with Surgery
Destruction, soft tissue of leg; Drainage, abdominal cavity; Excision partial, knee joint; Destruction, skin of abdomen and trunk; Destruction, soft tissue of the chest and abdomen; +++

Gender	1,833	1,833
Female		
Male		

Age Groups	
Surgical Partitions	41
0 to 17 years old	403
18 to 69 years old	111
70 plus years old	
Medical Partitions	
0 to 17 years old	804
18 to 69 years old	1,513
70 plus years old	794

MCC 18: Multisystemic or Unspecified Site Infections

Activity	
Surgical Partitions	555 (15%)
Medical Partitions	3,111 (85%)
Total	3,666

Region of Residence	
Chinook Regional Health Authority	224
Palliser Health Region	145
Calgary Health Region	954
David Thompson Regional Health Authority	459
East Central	252
Capital Health	838
Aspen Regional Health Authority	263
Peace Country Health	292
Northern Lights Health Region	124
Non-resident / Unknown	115

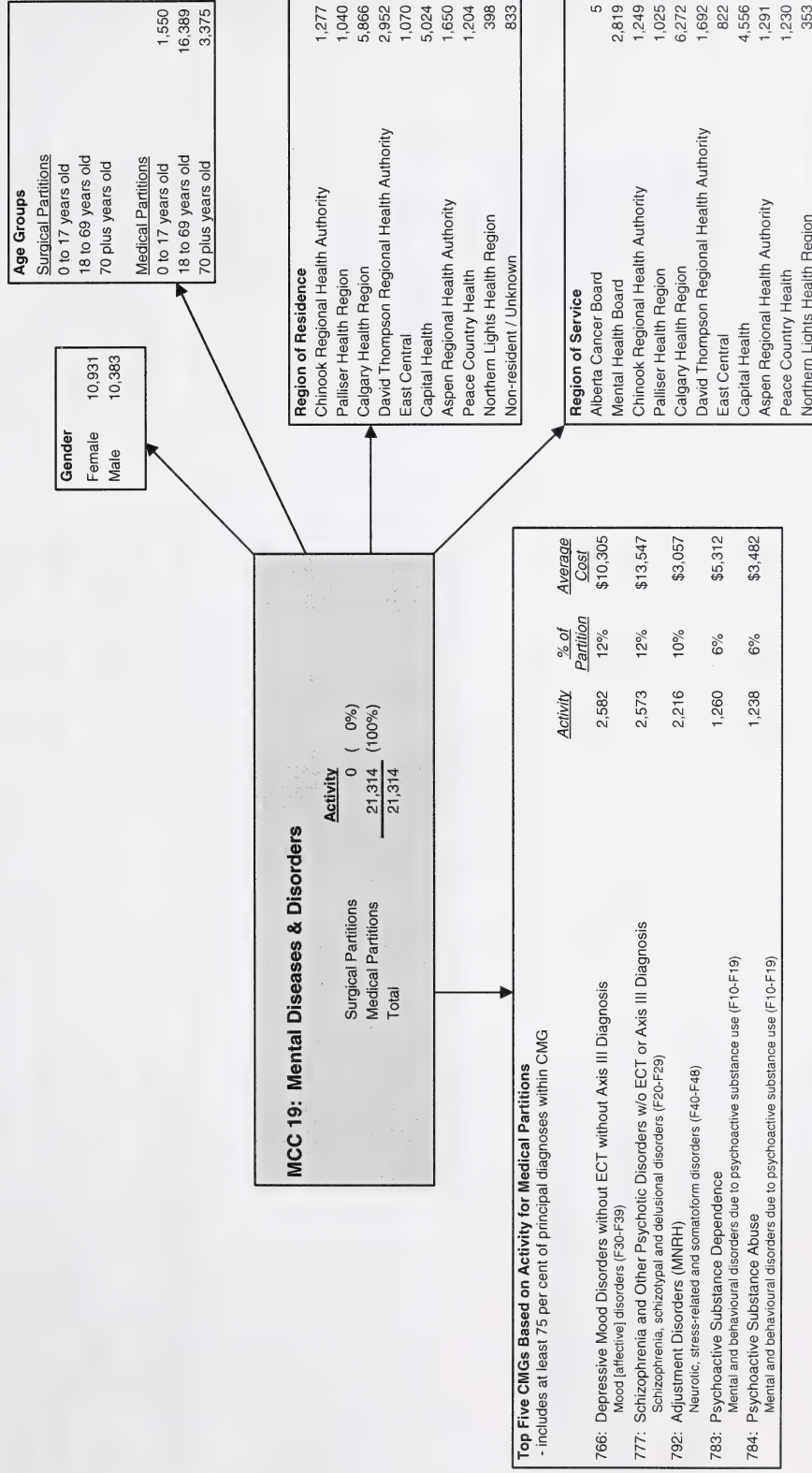
Top Five CMGs Based on Activity for Medical Partitions

- Includes at least 75 per cent of principal diagnoses within CMG

751: Septicemia
Other bacterial diseases (A30-A49)
756: Post-operative and Post-traumatic Infections
Complications of surgical and medical care, not elsewhere classified (T80-T88)
757: Viral Illness
Other viral diseases (B25-B34)
761: Fever of Unknown Origin
General symptoms and signs (R50-R69)
763: Other Infectious Diagnoses
Other bacterial diseases (A30-A49); Mycoses (B35-B49); Protozoal diseases (B50-B64)

Activity	% of Partition	Average Cost
927	30%	\$9,816
697	22%	\$3,976
695	22%	\$3,218
575	18%	\$3,201
217	7%	\$6,844

Region of Service	
Alberta Cancer Board	23
Chinook Regional Health Authority	207
Palliser Health Region	143
Calgary Health Region	1,040
David Thompson Regional Health Authority	408
East Central	218
Capital Health	1,017
Aspen Regional Health Authority	206
Peace Country Health	289
Northern Lights Health Region	115



Top Five CMGs Based on Activity for Surgical Partitions

- Includes at least 75 per cent of procedures (coded as first intervention) within CMG

Activity	% of Partition	Average Cost
804: Non-extensive Procedures for Injury or Complication of Treatment Control of bleeding, tonsils and adenoids; Excision total, vitreous; Repair, rotator cuff; Implantation of internal device, vena cava (superior and inferior); Transplant, cornea; +++	998 52%	\$5,761
803: Extensive Procedures for Injury or Complication of Treatment Bypass, arteries of leg NEC; Excision partial, large intestine; Bypass, ventricle; Removal of device, hip joint; Excision partial, femur; +++	359 19%	\$17,614
805: MNRH Procedures for Injury or Complication of Treatment Removal of device, tibia and fibula; Removal of device, ankle joint; Drainage, soft tissue of the chest and abdomen; Destruction, soft tissue of the chest and abdomen; Excision partial, knee joint; +++	229 12%	\$4,253
354: Knee Replacement Implantation of internal device, knee joint	105 6%	\$11,113
352: Hip Replacement Implantation of internal device, hip joint	69 4%	\$13,239

Gender	Activity
Female	3,203
Male	2,979

Age Groups	Activity
Surgical Partitions	155
0 to 17 years old	1,197
18 to 69 years old	551
70 plus years old	548
Medical Partitions	3,026
0 to 17 years old	705
18 to 69 years old	
70 plus years old	

MCC 21: Injury, Poisoning & Toxic Effects of Drugs

Activity	% of Partition
Surgical Partitions	1,903 (31%)
Medical Partitions	4,279 (69%)
Total	6,182

Region of Residence	Activity
Chinook Regional Health Authority	346
Palliser Health Region	209
Calgary Health Region	1,557
David Thompson Regional Health Authority	791
East Central	268
Capital Health	1,572
Aspen Regional Health Authority	589
Peace Country Health	410
Northern Lights Health Region	164
Non-resident / Unknown	276

Top Five CMGs Based on Activity for Medical Partitions

- Includes at least 75 per cent of principal diagnoses within CMG

Activity	% of Partition	Average Cost
813: Drug Reactions Poisoning by drugs, medicaments and biological substances (T36-T50)	1,972 46%	\$3,111
818: Complications of Treatment Complications of surgical and medical care, not elsewhere classified (T80-T88)	1,672 39%	\$3,677
823: Minor Injuries and Trauma Diagnosis Other and unspecified effects of external causes (T66-T78); Persons encountering health services for examination and investigation (Z00-Z13); Injuries to the abdomen, lower back, lumbar spine and pelvis (S30-S39); Injuries to the knee and lower leg (S80-S89)	467 11%	\$3,498
811: Allergic Reaction Other and unspecified effects of external causes (T66-T78)	168 4%	\$2,033

Region of Service	Activity
Alberta Cancer Board	4
Chinook Regional Health Authority	312
Palliser Health Region	172
Calgary Health Region	1,782
David Thompson Regional Health Authority	643
East Central	207
Capital Health	2,144
Aspen Regional Health Authority	427
Peace Country Health	363
Northern Lights Health Region	128

Top Five CMGs Based on Activity for Surgical Partitions

- Includes at least 75 per cent of procedures (coded as first intervention) within CMG

832: Non-extensive Burns with Skin Graft Repair, skin of leg; Repair, skin of hand; Repair, skin of arm; Repair, skin of abdomen and trunk	109	70%	\$18,077
830: Extensive Burns with Skin Graft Wound Debridement or Other Burn Procedures Repair, skin of abdomen and trunk; Repair, skin of leg; Repair, skin of arm; Repair, skin NEC	35	23%	\$77,127
901: Non-extensive Unrelated O.R. Procedures Destruction, skin of foot; Destruction, skin of hand; Destruction, skin of arm; Destruction, skin of abdomen and trunk	6	4%	\$25,471
833: Non-extensive Burns with Wound Debridement or Other Burn Procedures Destruction, skin of leg; Amputation, phalanx of hand	3	2%	\$7,315
906: Unrelated O.R. Procedures (MNRPH) Excision partial, soft tissue of arm; Excision partial, soft tissue of leg	2	1%	\$4,981

Gender	
Female	80
Male	280

Age Groups	
Surgical Partitions	
0 to 17 years old	32
18 to 69 years old	109
70 plus years old	14
Medical Partitions	
0 to 17 years old	57
18 to 69 years old	134
70 plus years old	14

MCC 22: Burns	
Surgical Partitions	155 (43%)
Medical Partitions	205 (57%)
Total	360

Region of Residence	
Chinook Regional Health Authority	10
Palliser Health Region	16
Calgary Health Region	84
David Thompson Regional Health Authority	43
East Central	11
Capital Health	75
Aspen Regional Health Authority	35
Peace Country Health	33
Northern Lights Health Region	16
Non-resident / Unknown	37

Top Five CMGs Based on Activity for Medical Partitions - includes at least 75 per cent of principal diagnoses within CMG			
	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
834: Non-extensive Burns without Burn Procedures Burns and corrosions (T20-T32)	188	92%	\$5,828
831: Extensive Burns without Burn Procedures Burns and corrosions (T20-T32)	17	8%	\$14,793

Region of Service	
Chinook Regional Health Authority	9
Palliser Health Region	11
Calgary Health Region	109
David Thompson Regional Health Authority	27
East Central	5
Capital Health	144
Aspen Regional Health Authority	22
Peace Country Health	21
Northern Lights Health Region	12

Top Five CMGs Based on Activity for Surgical Partitions

- includes at least 75 per cent of procedures (coded as first intervention) within CMG

Activity	% of Partition	Average Cost
717	93%	\$33,729
840: Other Admissions with Surgery Fixation, femur; Implantation of internal device, vena cava (superior and inferior); Excision total, uterus and surrounding structures; Excision total, breast; Fixation, hip joint; ***		
351: Joint Replacement for Trauma Implantation of internal device, hip joint	26	N/A
352: Hip Replacement Implantation of internal device, hip joint	15	N/A
354: Knee Replacement Implantation of internal device, knee joint	11	N/A

Gender	Activity
Female	10,130
Male	9,268
Other	1

Age Groups	Activity
<u>Surgical Partitions</u>	
0 to 17 years old	51
18 to 69 years old	421
70 plus years old	297
<u>Medical Partitions</u>	
0 to 17 years old	1,097
18 to 69 years old	8,472
70 plus years old	9,061

MCC 23: Other Reasons for Hospitalization

Activity	(4%)
Surgical Partitions	769
Medical Partitions	18,630 (96%)
Total	19,399

Region of Residence	Activity
Chinook Regional Health Authority	986
Palliser Health Region	558
Calgary Health Region	3,693
David Thompson Regional Health Authority	2,098
East Central	1,313
Capital Health	6,709
Aspen Regional Health Authority	1,961
Peace Country Health	1,065
Northern Lights Health Region	537
Non-resident / Unknown	479

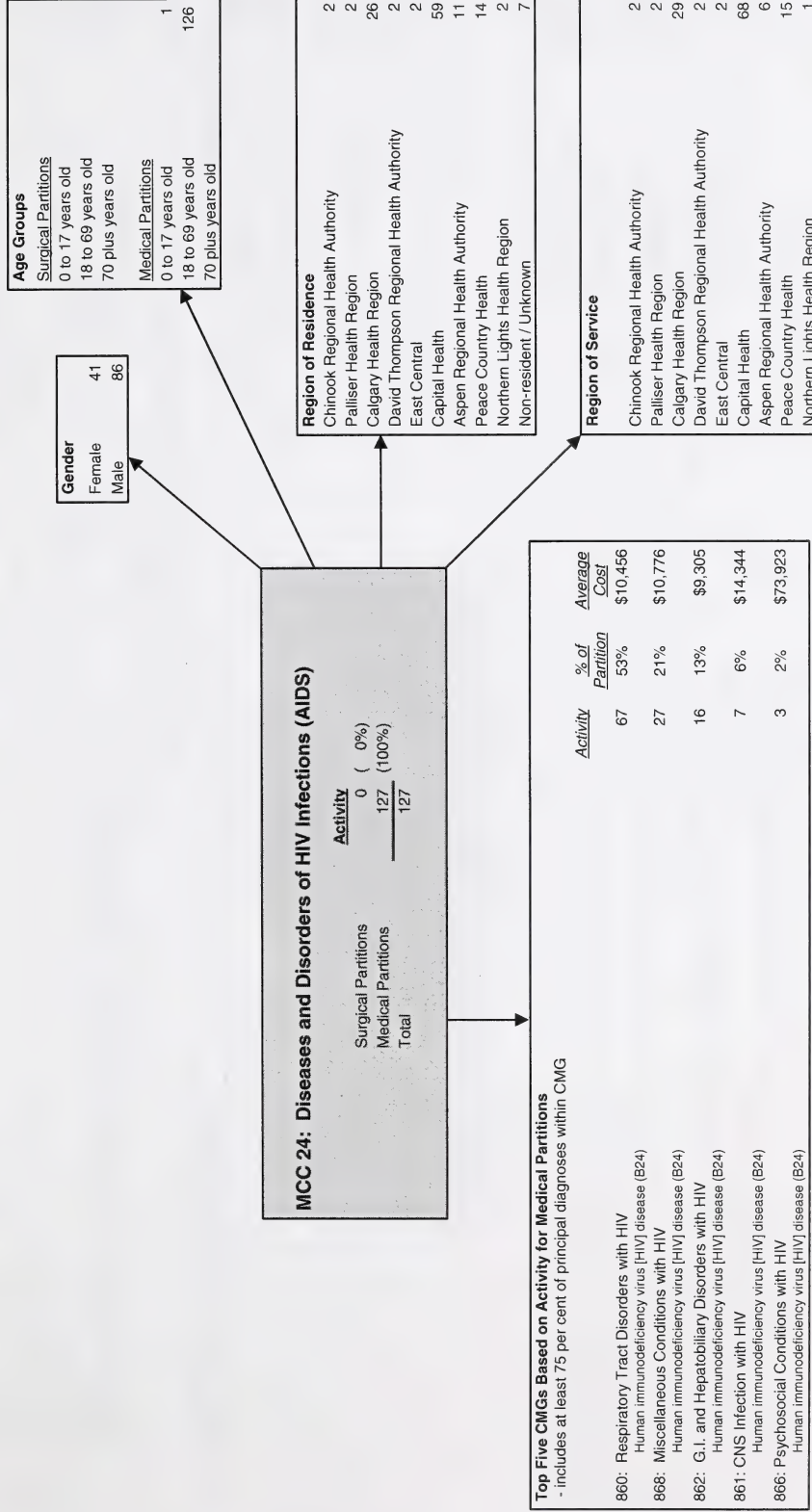
Top Five CMGs Based on Activity for Medical Partitions

- includes at least 75 per cent of principal diagnoses within CMG

Activity	% of Partition	Average Cost
5,448	29%	\$26,561
4,581	25%	\$3,459
3,470	19%	\$1,403
2,534	14%	\$11,822
1,344	7%	\$7895
841: Rehabilitation Persons encountering health services for specific procedures and health care (Z40-Z54)		
851: Other Factors Causing Hospitalization Persons encountering health services for specific procedures and health care (Z40-Z54)		
846: Aftercare following Surgery or Treatment Persons encountering health services for specific procedures and health care (Z40-Z54)		
847: Other Specified Aftercare Persons encountering health services for specific procedures and health care (Z40-Z54)		
842: Signs and Symptoms General symptoms and signs (R50-R69)		

Region of Service	Activity
Alberta Cancer Board	26
Mental Health Board	11
Chinook Regional Health Authority	918
Palliser Health Region	505
Calgary Health Region	4,002
David Thompson Regional Health Authority	1,823
East Central	1,129
Capital Health	8,244
Aspen Regional Health Authority	1,460
Peace Country Health	896
Northern Lights Health Region	385

NA – average cost data not available as no costs submitted for MAC / ACCS group combination



Top Five CMGs Based on Activity for Surgical Partitions

- Includes at least 75 per cent of procedures (coded as first intervention) within CMG

Activity	% of Partition	Average Cost
666: Major Lower and Upper Extremity Procedures for Trauma Fixation, ankle joint; Fixation, tibia and fibula; Fixation, knee joint	33%	\$4,949
670: Upper Extremity Procedures for Trauma Fixation, radius and ulna; Fixation, humerus; Fixation, elbow joint; Fixation, wrist joint	25%	\$3,831
662: Femur or Pelvic Procedures for Trauma Fixation, femur; Fixation, hip joint	17%	\$11,707
351: Joint Replacement for Trauma Implantation of internal device, hip joint	8%	\$15,323
668: Miscellaneous Musculoskeletal Procedures for Trauma Fixation, mandible; Fixation, multiple bones of mid face region, without cranium involvement; Fixation, zygoma; Fixation, nasomaxillo and orbital complex	5%	\$5,299

Gender	Count
Female	8,047
Male	11,024

Age Groups	Count
Surgical Partitions	
0 to 17 years old	1,295
18 to 69 years old	6,706
70 plus years old	2,582
Medical Partitions	
0 to 17 years old	1,301
18 to 69 years old	4,905
70 plus years old	2,272

MCC 25: Significant Trauma

Activity	Count	%
Surgical Partitions	10,593	(56%)
Medical Partitions	8,478	(44%)
Total	19,071	

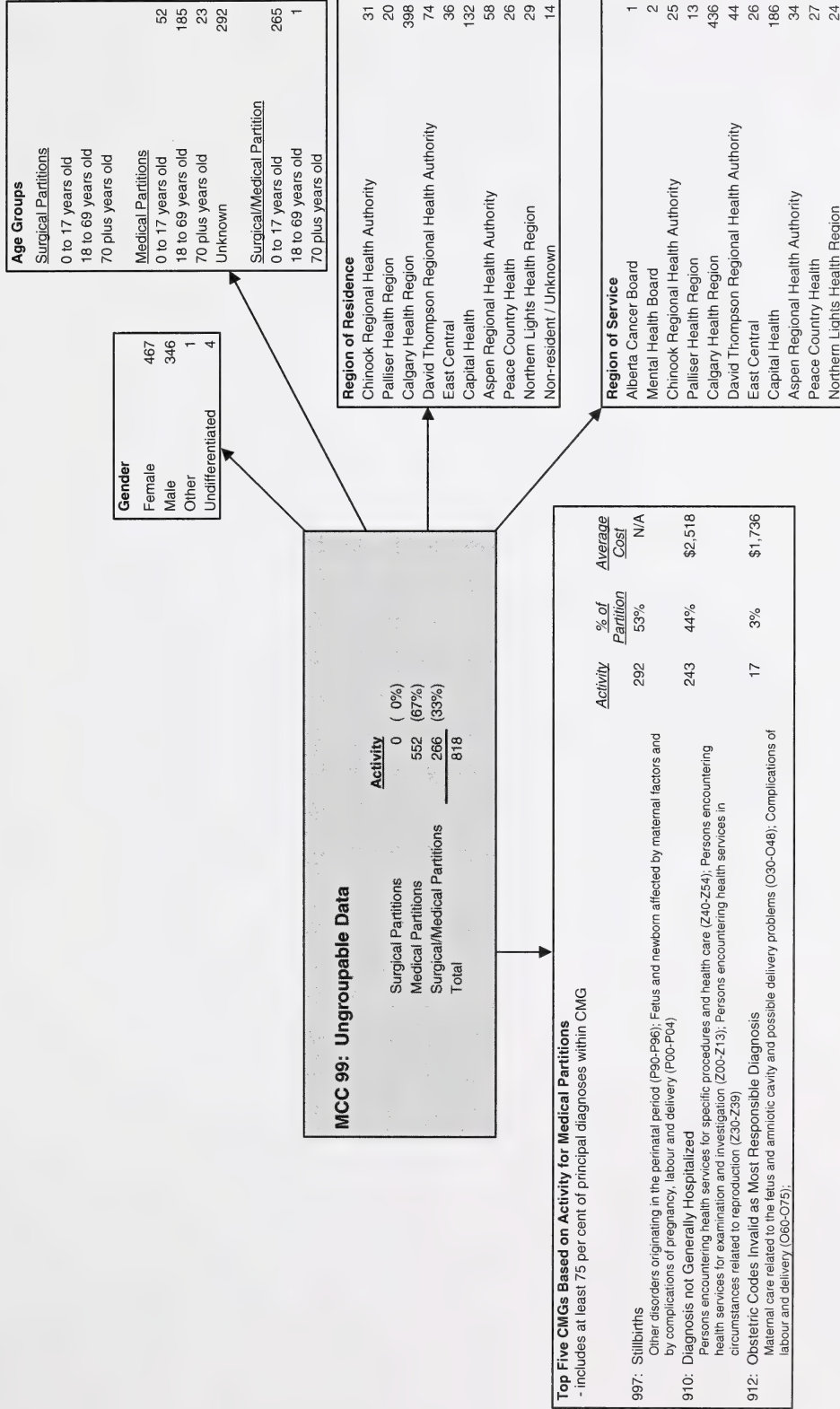
Region of Residence	Count
Chinook Regional Health Authority	806
Palliser Health Region	801
Calgary Health Region	4,913
David Thompson Regional Health Authority	2,453
East Central	881
Capital Health	4,960
Aspen Regional Health Authority	1,496
Peace Country Health	1,124
Northern Lights Health Region	411
Non-resident / Unknown	1,226

Top Five CMGs Based on Activity for Medical Partitions

- Includes at least 75 per cent of principal diagnoses within CMG

Activity	% of Partition	Average Cost
692: Wounds Injuries to the wrist and hand (S60-S69); Injuries to the head (S00-S09); Injuries to the hip and thigh (S70-S79); Injuries to the abdomen, lower back, lumbar spine and pelvis (S30-S39); Injuries to the shoulder and upper arm (S40-S49); +++	13%	\$2,634
695: Other Cranial Injuries Injuries to the head (S00-S09)	12%	\$3,225
687: Thoraco-abdominal Injuries Injuries to the thorax (S20-S29)	12%	\$4,931
680: Femur or Pelvic Fractures and Dislocations Injuries to the hip and thigh (S70-S79); Injuries to the abdomen, lower back, lumbar spine and pelvis (S30-S39)	10%	\$8,105
696: Upper Extremity Fractures Injuries to the elbow and forearm (S50-S59); Injuries to the shoulder and upper arm (S40-S49)	10%	\$2,095

Region of Service	Count
Chinook Regional Health Authority	712
Palliser Health Region	745
Calgary Health Region	5,901
David Thompson Regional Health Authority	1,950
East Central	493
Capital Health	7,201
Aspen Regional Health Authority	654
Peace Country Health	1,131
Northern Lights Health Region	284



NA – average cost data not available as no costs submitted for MAC / ACCS group combination

This section contains detailed ambulatory care information grouped into 19 clusters, the Major Ambulatory Clusters (MAC). MACs are based on body systems or specific types of clinical problems. Each MAC is split into partitions:

- Intervention Related Visits – corresponds to visits belonging to ACCS Groups 1 to 99
- Clinical Related Visits – corresponds to visits belonging to ACCS Groups >99

- ◆ The table displaying the gender distribution contains the standard male and female codes. There are also two other possible codes:
 - O – other, for transsexuals or hermaphrodites
 - U – undifferentiated, for stillbirths only

- ◆ The age groups are based on the age categories used by CIHI in CMG assignments. The age calculation is based on the visit date. For reference, the provincial breakdown, as of March 31, 2005, is as follows:

0 to 17 years old	774,422	(24%)
18 to 69 years old	2,195,000	(68%)
70 plus years old	240,269	(7%)
	<u>3,209,691</u>	

- ◆ Region of residence refers to the regional health authority the recipient resided in at the time of the inpatient or ambulatory care visit. Region of service refers to the regional health authority where the hospital is located at fiscal year end. Population by region can be found on the Alberta Health and Wellness website in News/Media/Resources Stats & Facts section.
- ◆ The table displaying the Top Five ACCS Groups Based on Activity for Clinical Related Visits lists some of the main ambulatory care diagnosis codes. The main diagnosis code is¹

“the diagnosis, condition, problem, or in some cases, the intervention, that is the main reason for the ambulatory care services being provided to the service recipient. . . and is the diagnosis responsible for the greatest use of resources.”

 - The diagnosis groupings are based on the first three digits of the principal diagnosis.
 - At least 75 per cent of the records within the ACCS group will have one of the listed diagnosis codes as the principal diagnosis. The exception would be for ACCS groups with +++. For these groups, there are more than five diagnosis codes to represent 75 per cent of the records. Only the first five are listed.
 - The activity and average costs are for the entire ACCS group within each MAC; that is, based on all diagnosis codes not just those representing 75 per cent of the records.
 - Tables containing less than five ACCS groups include all ACCS groups belonging to the clinical related visits within that category.
- ◆ The table displaying the Top Five ACCS Groups Based on Activity for Intervention Related Visits lists some of the most common main intervention codes (coded as first intervention). The main intervention code is²

“the intervention performed and considered by the provider(s) to be the most clinically significant.”

¹ Alberta Ambulatory Care Reporting Manual Effective April 2003, Alberta Health and Wellness, p. 59-60.

² Ibid. p. 59-61.

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- The intervention groupings are based on the rubrics, first five digits of the main intervention.
- At least 75 per cent of the records within the ACCS group will have one of the listed rubrics as the main intervention. The exception would be for ACCS groups with +++. For these groups, there are more than five intervention codes to represent 75 per cent of the records. Only the first five are listed.
- The activity and average costs are for the entire ACCS group within each MAC; that is, based on all intervention codes not just those representing 75 per cent of the records.
- Tables containing less than five ACCS groups include all ACCS groups belonging to the intervention related visits within that category.

Due to resource constraints, minor data flaws have not been completely purged from the data. For example, activity data indicate that a few women over 70 years of age received services relating to Pregnancy & Childbirth. Occasionally, fields relating to gender may have been empty.

Top Five ACCS Groups Based on Activity for Intervention Related Visits

- Includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

75:	Hospital Visit Including CAT Scan Computerized tomography (CT), head NEC; Computerized tomography (CT), brain	Activity	% of Partition	Average Cost
2:	Spinal Specimen collection (diagnostic), spinal canal and meninges	12,645	59%	\$591
1.3:	Nerve & Other, Other Anaesthetic Release, nerve(s) of forearm and wrist	1,450	7%	\$664
1.1:	Nerve & Other, Local Anaesthetic Release, nerve(s) of forearm and wrist	1,448	7%	\$791
1.4:	Nerve & Other, No Anaesthetic Release, nerve(s) of forearm and wrist	1,439	7%	\$209
		1,096	5%	\$102

Gender	
Female	120,314
Male	89,759
Other	4

Age Groups	
Intervention Related Visits	
0 to 17 years old	1,266
18 to 69 years old	14,487
70 plus years old	5,752
Clinical Related Visits	
0 to 17 years old	38,054
18 to 69 years old	124,805
70 plus years old	25,713

MAC 01: Diseases and Disorders of the Nervous System

Activity	
Intervention Related Visits	21,505 (10%)
Clinical Related Visits	188,572 (90%)
Total	210,077

Top Five ACCS Groups Based on Activity for Clinical Related Visits

- Includes at least 75 per cent of principal diagnoses within ACCS group

605:	Management General Neurology 18 < 65 years Nerve, nerve root and plexus disorders (G50-G59); Episodic and paroxysmal disorders (G40-G47); Demyelinating diseases of the central nervous system (G35-G37); Other disorders of the nervous system (G90- G99); Symptoms and signs involving the nervous and musculoskeletal systems (R25-R29)	Activity	% of Partition	Average Cost
607:	Migraine Headache Episodic and paroxysmal disorders (G40-G47)	34,423	18%	\$121
2082:	Mode of Service - Telephone Demyelinating diseases of the central nervous system (G35-G37); Episodic and paroxysmal disorders (G40- G47); Other disorders of the nervous system (G90-G99); Cerebrovascular diseases (I60-I69)	25,503	14%	\$119
615:	Management Convulsions Episodic and paroxysmal disorders (G40-G47); General symptoms and signs (R50-R69)	21,287	11%	\$111
609:	Management Headache General symptoms and signs (R50-R69)	18,216	10%	\$150
		17,059	9%	\$103

Region of Residence	
Chinook Regional Health Authority	10,856
Palliser Health Region	6,285
Calgary Health Region	85,037
David Thompson Regional Health Authority	21,976
East Central	6,359
Capital Health	47,261
Aspen Regional Health Authority	12,273
Peace Country Health	9,622
Northern Lights Health Region	3,034
Non-resident / Unknown	7,374

Region of Service	
Chinook Regional Health Authority	7,272
Palliser Health Region	3,718
Calgary Health Region	99,915
David Thompson Regional Health Authority	17,125
East Central	4,640
Capital Health	56,018
Aspen Regional Health Authority	9,801
Peace Country Health	9,016
Northern Lights Health Region	2,572

Top Five ACCS Groups Based on Activity for Intervention Related Visits

- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	Activity	% of Partition	Average Cost
5: Lens Interventions Excision total, lens	24,202	65%	\$609
8: External Eye Destruction, retina: Excision partial, eyelid NEC; Test, eye: Inspection, eye: Dilation, lacrimal excretory system; +++	7,250	19%	\$577
4: Orbital & Other Eye Repair, upper eyelid: Drainage, anterior chamber (of eye); Excision partial, cornea; Excision total, lens; Excision total, vitreous; +++	3,083	8%	\$1,219
7: Strabismus Transfer, ocular muscles and tendons; Destruction, ocular muscles and tendons	1,075	3%	\$1,418
6: Iris & Other Eye Test, eye: Excision partial, iris; Pressure measurement, circulatory system;	855	2%	\$81

Gender	
Female	65,238
Male	55,817
Other	19

Age Groups	
Intervention Related Visits	
0 to 17 years old	1,619
18 to 69 years old	15,671
70 plus years old	20,152
Clinical Related Visits	
0 to 17 years old	20,684
18 to 69 years old	44,606
70 plus years old	18,342

MAC 02: Diseases and Disorders of the Eye

Activity	Activity
Intervention Related Visits	37,442 (31%)
Clinical Related Visits	83,632 (69%)
Total	121,074

Region of Residence

Chinook Regional Health Authority	4,514
Palliser Health Region	2,955
Calgary Health Region	39,026
David Thompson Regional Health Authority	10,666
East Central	5,042
Capital Health	39,450
Aspen Regional Health Authority	7,622
Peace Country Health	5,371
Northern Lights Health Region	2,303
Non-resident / Unknown	4,125

Top Five ACCS Groups Based on Activity for Clinical Related Visits

- includes at least 75 per cent of principal diagnoses within ACCS group

	Activity	% of Partition	Average Cost
758: Management Ophthalmology 45+ years Glaucoma (H40-H42); Disorders of choroid and retina (H30-H36); Disorders of conjunctiva (H10-H13); Disorders of sclera, cornea, iris and ciliary body (H15-H22); Disorders of lens (H25-H28); +++	35,781	43%	\$110
757: Management Ophthalmology 18 < 45 years Disorders of conjunctiva (H10-H13); Disorders of sclera, cornea, iris and ciliary body (H15-H22); Disorders of eyelid, lacrimal system and orbit (H00-H06); Glaucoma (H40-H42); Other disorders of eye and adnexa (H55- H59)	18,221	22%	\$89
755: Management Ophthalmology 0 < 12 years Disorders of conjunctiva (H10-H13); Disorders of ocular muscles, binocular movement, accommodation and refraction (H49-H52); Persons encountering health services for examination and investigation (Z00-Z13); Disorders of eyelid, lacrimal system and orbit (H00-H06)	16,354	20%	\$91
754: Diag Inv Ophthalmology 45+ years Disorders of choroid and retina (H30-H36); Glaucoma (H40-H42)	7,069	8%	\$209
756: Management Ophthalmology 12 < 18 years Disorders of conjunctiva (H10-H13); Disorders of ocular muscles, binocular movement, accommodation and refraction (H49-H52); Disorders of eyelid, lacrimal system and orbit (H00-H06); Disorders of sclera, cornea, iris and ciliary body (H15-H22); Visual disturbances and blindness (H53-H54)	3,829	5%	\$87

Region of Service

Chinook Regional Health Authority	3,772
Palliser Health Region	2,368
Calgary Health Region	44,198
David Thompson Regional Health Authority	6,704
East Central	3,261
Capital Health	49,797
Aspen Regional Health Authority	4,181
Peace Country Health	4,969
Northern Lights Health Region	1,824

Top Five ACCS Groups Based on Activity for Intervention Related Visits

- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	Activity	% of Partition	Average Cost
60: Dental Surgery	8,002	26%	\$1,413
14: Nasal Interventions	5,056	16%	\$784
16: External Ear	2,253	7%	\$369
17: Respiratory Endoscopy – ENT	2,000	6%	\$507
13: Tonsils & Adenoids 12+ years	1,841	6%	\$970

Restoration, tooth; Extraction, tooth; Therapeutic intervention NEC, tooth
Control of bleeding, nose; Repair, nose; Destruction, nose
Extraction, external auditory meatus; Pharmacotherapy (local), external auditory meatus
Inspection, larynx; Assessment (examination), total body; Pharmacotherapy (local), nose; Inspection, nose;
Excision partial, glottis
Excision total, tonsils and adenoids; Drainage, tonsils and adenoids

Gender	
Female	153,722
Male	162,520
Other	15

Age Groups	
Intervention Related Visits	
0 to 17 years old	14,827
18 to 69 years old	13,468
70 plus years old	2,829
Clinical Related Visits	
0 to 17 years old	164,548
18 to 69 years old	111,056
70 plus years old	9,529

MAC 03: Diseases and Disorders of the Ear, Nose, Mouth and Throat

Activity	
Intervention Related Visits	31,124 (10%)
Clinical Related Visits	285,133 (90%)
Total	316,257

Region of Residence	
Chinook Regional Health Authority	17,046
Palliser Health Region	9,940
Calgary Health Region	101,059
David Thompson Regional Health Authority	33,977
East Central	15,005
Capital Health	54,947
Aspen Regional Health Authority	33,876
Peace Country Health	28,283
Northern Lights Health Region	12,440
Non-resident / Unknown	9,684

	Activity	% of Partition	Average Cost
303: Management General ENT	184,028	65%	\$151
305: Otitis Media	38,157	13%	\$99
1143: Audiology Group 3	12,211	4%	\$283
301: Diag Inv General ENT	10,322	4%	\$236
409: Management General Gastrointestinal	10,302	4%	\$91

- includes at least 75 per cent of principal diagnoses within ACCS group

Acute upper respiratory infections (J00-J06); Persons encountering health services for examination and investigation (Z00-Z13)
Diseases of middle ear and mastoid (H65-H75)
Persons encountering health services for examination and investigation (Z00-Z13)
Acute upper respiratory infections (J00-J06); Symptoms and signs involving the circulatory and respiratory systems (R00-R09)
Diseases of oral cavity, salivary glands and jaws (K00-K14)

Region of Service	
Chinook Regional Health Authority	17,022
Palliser Health Region	9,859
Calgary Health Region	104,676
David Thompson Regional Health Authority	34,180
East Central	15,010
Capital Health	60,374
Aspen Regional Health Authority	33,344
Peace Country Health	28,393
Northern Lights Health Region	13,399

Top Five ACCS Groups Based on Activity for Intervention Related Visits

- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	Activity	% of Partition	Average Cost
75: Hospital Visit Including CAT Scan Computerized tomography [CT], lung NEC; Computerized tomography [CT], thoracic cavity; Computerized tomography [CT], head NEC; Assessment (examination), total body; Computerized tomography [CT], abdominal cavity	1,796	29%	\$956
17: Respiratory Endoscopy - ENT Biopsy, bronchus; Biopsy, lung	1,206	19%	\$557
82.1: Extensive Sleep Studies Other study, brain	1,190	19%	\$1,142
61.2: Biopsy, Percutaneous Drainage, pleura	701	11%	\$675
74: Hospital Visit Including Nuclear Imaging, Diagnostic nuclear (imaging) study, lung NEC; Electrophysiological measurement, heart	572	9%	\$1,214

Gender

Female	79,536
Male	87,110
Other	2

Age Groups

Intervention Related Visits	
0 to 17 years old	377
18 to 69 years old	4,113
70 plus years old	1,786
Clinical Related Visits	
0 to 17 years old	58,771
18 to 69 years old	75,189
70 plus years old	26,412

MAC 04: Diseases and Disorders of the Respiratory System

Activity	(%)
Intervention Related Visits	6,276 (4%)
Clinical Related Visits	160,372 (96%)
Total	166,648

Region of Residence

Chinook Regional Health Authority	8,478
Palliser Health Region	5,011
Calgary Health Region	50,440
David Thompson Regional Health Authority	19,185
East Central	6,434
Capital Health	37,319
Aspen Regional Health Authority	13,482
Peace Country Health	15,694
Northern Lights Health Region	4,634
Non-resident / Unknown	5,971

Top Five ACCS Groups Based on Activity for Clinical Related Visits

- includes at least 75 per cent of principal diagnoses within ACCS group

	Activity	% of Partition	Average Cost
856: Management General Respiratory 18 < 65 years Chronic lower respiratory diseases (J40-J47); Other acute lower respiratory infections (J20-J22); Other diseases of the respiratory system (J95-J99)	38,852	24%	\$143
852: Diag Inv General Respiratory 18+ years Chronic lower respiratory diseases (J40-J47); Influenza and pneumonia (J10-J18); Symptoms and signs involving the circulatory and respiratory systems (R00-R09)	24,379	15%	\$315
855: Management General Respiratory 6 < 18 years Chronic lower respiratory diseases (J40-J47); Other acute lower respiratory infections (J20-J22); Other diseases of the respiratory system (J95-J99)	14,750	9%	\$157
854: Management General Respiratory 1.5 < 6 years Chronic lower respiratory diseases (J40-J47); Acute upper respiratory infections (J00-J06); Other acute lower respiratory infections (J20-J22)	14,474	9%	\$159
857: Management General Respiratory 65+ years Chronic lower respiratory diseases (J40-J47); Other diseases of the respiratory system (J95-J99); Other acute lower respiratory infections (J20-J22)	12,408	8%	\$216

Region of Service

Chinook Regional Health Authority	8,408
Palliser Health Region	4,444
Calgary Health Region	54,157
David Thompson Regional Health Authority	18,188
East Central	5,999
Capital Health	41,391
Aspen Regional Health Authority	12,751
Peace Country Health	15,992
Northern Lights Health Region	5,320

Top Five ACCS Groups Based on Activity for Intervention Related Visits

- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	Activity	% of Partition	Average Cost
19: Cardiac Catheter 18+ years Xray, heart with coronary arteries	8,917	39%	\$1,396
74: Hospital Visit Including Nuclear Imaging Diagnostic nuclear (imaging) study, heart with coronary arteries	4,461	19%	\$1,321
75: Hospital Visit Including CAT Scan Computerized tomography [CT], head NEC; Computerized tomography [CT], lung NEC; Computerized tomography [CT], thoracic cavity; Computerized tomography [CT], abdominal cavity, Assessment (examination), total body	2,100	9%	\$982
64: Cardioversion Stimulation, heart NEC	1,462	6%	\$487
20: Angiography 18+ years Xray, heart with coronary arteries; Electrophysiological measurement, heart; Xray, arteries of leg NEC; Dilation, abdominal arteries NEC; Dilation, arteries of leg NEC	1,354	6%	\$2,001

Gender	Activity
Female	160,386
Male	188,292
Other	3

Age Groups	Activity
Intervention Related Visits	
0 to 17 years old	472
18 to 69 years old	15,240
70 plus years old	7,264
Clinical Related Visits	
0 to 17 years old	18,708
18 to 69 years old	198,935
70 plus years old	108,062

MAC 05: Diseases and Disorders of the Circulatory System

Activity	Activity
Intervention Related Visits	22,976 (7%)
Clinical Related Visits	325,705 (93%)
Total	348,681

Region of Residence	Activity
Chinook Regional Health Authority	10,742
Palliser Health Region	7,647
Calgary Health Region	166,194
David Thompson Regional Health Authority	28,296
East Central	9,021
Capital Health	78,610
Aspen Regional Health Authority	14,478
Peace Country Health	13,625
Northern Lights Health Region	4,171
Non-resident / Unknown	15,897

Region of Service	Activity
Chinook Regional Health Authority	7,942
Palliser Health Region	4,219
Calgary Health Region	189,032
David Thompson Regional Health Authority	20,473
East Central	6,234
Capital Health	95,270
Aspen Regional Health Authority	9,635
Peace Country Health	12,249
Northern Lights Health Region	3,627

Top Five ACCS Groups Based on Activity for Clinical Related Visits

- includes at least 75 per cent of principal diagnoses within ACCS group

	Activity	% of Partition	Average Cost
210: Management General Cardiac 18+ years Other forms of heart disease (I30-I52); Persons encountering health services for examination and investigation (Z00-Z13); Hypertensive diseases (I10-I15)	140,653	43%	\$132
2082: Mode of Service - Telephone Other forms of heart disease (I30-I52); Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified (I60-I69)	44,273	14%	\$78
213: Dysrhythmia & Conductive Disorders Other forms of heart disease (I30-I52)	24,735	8%	\$214
205: Diag Inv general Cardiac 18+ years Symptoms and signs involving the circulatory and respiratory systems (R00-R09); Other forms of heart disease (I30-I52)	16,999	5%	\$397
218: Management Angina Ischaemic heart diseases (I20-I25)	15,976	5%	\$111

Top Five ACCS Groups Based on Activity for Intervention Related Visits

- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

Activity	% of Partition	Average Cost
28.2: Endoscopy GI - Medium Inspection, large intestine; Biopsy, stomach; Biopsy, small intestine; Biopsy, large intestine	54%	\$492
26: Hernia Repair, muscles of the chest and abdomen	9%	\$1,538
28.3: Endoscopy GI - Medium Excision partial, large intestine	8%	\$554
75: Hospital Visit Including CAT Scan Computerized tomography (CT); abdominal cavity; Pharmacotherapy, total body	8%	\$892
30.4: Minor Anal Interventions, No Anaesthetic Pharmacotherapy (local); rectum; Inspection; rectum; Drainage, anus	4%	\$279

Gender	
Blank	1
Female	230,700
Male	177,816
Other	4

Age Groups	
Intervention Related Visits	
0 to 17 years old	3,362
18 to 69 years old	60,553
70 plus years old	14,445
Clinical Related Visits	
0 to 17 years old	71,489
18 to 69 years old	214,130
70 plus years old	44,542

MAC 06: Diseases and Disorders of the Digestive System

Activity	
Intervention Related Visits	78,360 (19%)
Clinical Related Visits	330,161 (81%)
Total	408,521

Region of Residence	
Chinook Regional Health Authority	20,019
Palliser Health Region	19,738
Calgary Health Region	116,126
David Thompson Regional Health Authority	43,062
East Central	15,703
Capital Health	114,909
Aspen Regional Health Authority	28,445
Peace Country Health	28,448
Northern Lights Health Region	8,953
Non-resident / Unknown	13,118

Activity	% of Partition	Average Cost
409: Management General Gastrointestinal 18 < 45 years Symptoms and signs involving the digestive system and abdomen (R10-R19); Noninfective enteritis and colitis (K50-K52); Diseases of oesophagus, stomach and duodenum (K20-K31)	20%	\$141
410: Management General Gastrointestinal 45 < 65 years Symptoms and signs involving the digestive system and abdomen (R10-R19); Noninfective enteritis and colitis (K50-K52); Persons encountering health services in other circumstances (Z70-Z76); Diseases of oesophagus, stomach and duodenum (K20-K31)	9%	\$133
1202: Clinical Nutrition Group 2 Persons encountering health services in other circumstances (Z70-Z76)	9%	\$63
1201: Clinical Nutrition Group 1 Persons encountering health services in other circumstances (Z70-Z76)	9%	\$30
408: Management General Gastrointestinal 6 < 18 years Symptoms and signs involving the digestive system and abdomen (R10-R19); Noninfective enteritis and colitis (K50-K52); Other diseases of intestines (K55-K63)	7%	\$148

Top Five ACCS Groups Based on Activity for Clinical Related Visits

- includes at least 75 per cent of principal diagnoses within ACCS group

Top Five ACCS Groups Based on Activity for Intervention Related Visits

- Includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
25: Cholecystectomy	3,097	43%	\$1,783
27: ERCP	1,594	22%	\$1,466
61.2: Biopsy, Percutaneous	1,325	18%	\$656
75: Hospital Visit including CAT Scan	539	7%	\$1,018
28.2: Endoscopy GI – Medium	339	5%	\$492

Excision total, gallbladder

Extraction, bile ducts; Xray, biliary ducts with pancreas; Dilation, bile ducts

Drainage, abdominal cavity; Biopsy, liver

Computerized tomography [CT], abdominal cavity; Computerized tomography [CT], head NEC; Pharmacotherapy,

total body

Inspection, small intestine; Biopsy, stomach

**MAC 07: Diseases and Disorders of the Hepatobiliary System and
Pancreas**

<u>Activity</u>
Intervention Related Visits
Clinical Related Visits
Total
7,209 (22%)
25,109 (78%)
32,318

Top Five ACCS Groups Based on Activity for Clinical Related Visits

- Includes at least 75 per cent of principal diagnoses within ACCS group

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
502: Management Hepatobiliary	16,736	67%	\$86
2004: Other Unit without Secondary Diagnosis	3,350	13%	\$456
501: Diag Inv Hepatobiliary	2,001	8%	\$529
2003: Other Unit with Secondary Diagnosis	1,546	6%	\$508
2082: Mode of Service – Telephone	870	3%	\$215

Disorders of gallbladder, biliary tract and pancreas (K80-K87)

Disorders of gallbladder, biliary tract and pancreas (K80-K87)

Disorders of gallbladder, biliary tract and pancreas (K80-K87)

Disorders of gallbladder, biliary tract and pancreas (K80-K87)

Disorders of gallbladder, biliary tract and pancreas (K80-K87)

Disorders of gallbladder, biliary tract and pancreas (K80-K87)

Disorders of gallbladder, biliary tract and pancreas (K80-K87)

Disorders of gallbladder, biliary tract and pancreas (K80-K87)

Disorders of gallbladder, biliary tract and pancreas (K80-K87)

Disorders of gallbladder, biliary tract and pancreas (K80-K87)

Disorders of gallbladder, biliary tract and pancreas (K80-K87)

Disorders of gallbladder, biliary tract and pancreas (K80-K87)

Disorders of gallbladder, biliary tract and pancreas (K80-K87)

Disorders of gallbladder, biliary tract and pancreas (K80-K87)

Disorders of gallbladder, biliary tract and pancreas (K80-K87)

Disorders of gallbladder, biliary tract and pancreas (K80-K87)

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Disorders of gallbladder, biliary tract and pancreas (K80-K87)

Disorders of gallbladder, biliary tract and pancreas (K80-K87)

Disorders of gallbladder, biliary tract and pancreas (K80-K87)

Disorders of gallbladder, biliary tract and pancreas (K80-K87)

Disorders of gallbladder, biliary tract and pancreas (K80-K87)

Age Groups

<u>Intervention Related Visits</u>
0 to 17 years old
18 to 69 years old
70 plus years old

17,821

14,497

53

5,979

1,177

1,631

21,040

2,438

Region of Residence

Chinook Regional Health Authority
Palliser Health Region
Calgary Health Region
David Thompson Regional Health Authority
East Central
Capital Health
Aspen Regional Health Authority
Peace Country Health
Northern Lights Health Region
Non-resident / Unknown

1,860

862

11,006

2,607

855

9,298

1,903

1,942

611

1,374

Region of Service

Chinook Regional Health Authority
Palliser Health Region
Calgary Health Region
David Thompson Regional Health Authority
East Central
Capital Health
Aspen Regional Health Authority
Peace Country Health
Northern Lights Health Region

1,588

564

12,420

2,107

501

11,342

1,277

2,083

436

Top Five ACCS Groups Based on Activity for Intervention Related Visits

- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	Activity	% of Partition	Average Cost
50: Knee Interventions	7,492	28%	\$1,219
Repair, knee joint; Excision partial, meniscus of knee; Excision partial, knee joint			
52.1: Remove Int Fixation, Lower Extremity	2,113	8%	\$802
Removal of device, ankle joint; Removal of device, knee joint; Removal of device, tibia and fibula; Removal of device, tarsometatarsal joints, metatarsal bones and metatarsophalangeal joints [forefoot]			
47: Tendon & Muscle Interventions	1,731	7%	\$867
Release, flexor tendons of finger [excludes thumb]; Release, soft tissue of the wrist and hand; Release, tendons of thumb [Pollicis tendons]; Excision partial, soft tissue of foot and ankle; Release, tendons of wrist and hand; +++			
51: Hand, Ankle & Foot	1,718	7%	\$1,508
Repair, tarsometatarsal joints, metatarsal bones and metatarsophalangeal joints [forefoot]; Immobilization, joints of fingers and hand NEC; Excision partial, ankle joint; Fusion, tarsometatarsal joints, metatarsal bones and metatarsophalangeal joints [forefoot]; Excision partial, tarsal bones and intertarsal joints [hindfoot, midfoot]; +++			
61.2: Biopsy, Percutaneous	1,659	6%	\$232
Drainage, knee joint; Drainage, elbow joint			

Age Groups
 Intervention Related Visits

0 to 17 years old	1,963
18 to 69 years old	21,603
70 plus years old	2,793

Clinical Related Visits

0 to 17 years old	53,601
18 to 69 years old	222,275
70 plus years old	45,086

Gender

Female	172,428
Male	174,905
Other	8

MAC 08: Diseases and Disorders of the Musculoskeletal System and Connective Tissue

Activity	26,379 (8%)
Intervention Related Visits	320,962 (92%)
Clinical Related Visits	
Total	347,341

Region of Residence

Chinook Regional Health Authority	21,019
Palliser Health Region	10,768
Calgary Health Region	94,510
David Thompson Regional Health Authority	34,252
East Central	14,193
Capital Health	98,799
Aspen Regional Health Authority	27,304
Peace Country Health	26,598
Northern Lights Health Region	7,883
Non-resident / Unknown	12,015

Region of Service

Chinook Regional Health Authority	21,056
Palliser Health Region	9,489
Calgary Health Region	104,500
David Thompson Regional Health Authority	28,608
East Central	10,752
Capital Health	117,993
Aspen Regional Health Authority	20,948
Peace Country Health	26,558
Northern Lights Health Region	7,437

Top Five ACCS Groups Based on Activity for Clinical Related Visits

- includes at least 75 per cent of principal diagnoses within ACCS group

	Activity	% of Partition	Average Cost
564: Management Other Musculoskeletal 18+ years	122,299	38%	\$61
Persons encountering health services for specific procedures and health care (Z40-Z54); Dorsopathies (M40-M54); Arthropathies (M00-M25)			
557: Diag Inv Other Musculoskeletal 18+ years	78,588	24%	\$148
Persons encountering health services for specific procedures and health care (Z40-Z54); Persons encountering health services for examination and investigation (Z00-Z13);			
562: Management Inflamm Musculoskeletal 18+ years	37,307	12%	\$78
Arthropathies (M00-M25); Soft tissue disorders (M60-M79)			
556: Diag Inv Other Musculoskeletal < 18 years	23,007	7%	\$130
Persons encountering health services for specific procedures and health care (Z40-Z54); Osteopathies and chondropathies (M60-M94)			
563: Management Other Musculoskeletal < 18 years	21,178	7%	\$74
Persons encountering health services for specific procedures and health care (Z40-Z54); Osteopathies and chondropathies (M80-M94); Dorsopathies (M40-M54);			

Top Five ACOS Groups Based on Activity for Intervention Related Visits

- includes at least 75 per cent of procedures (coded as first intervention) within ACOS group

	Activity	% of Partition	Average Cost
59.4: Skin Interventions, No Anaesthetic Excision partial, skin NEC; Excision partial, skin of abdomen and trunk; Assessment (examination), total body; Destruction, skin of face; Excision partial, nail; ++	13,977	32%	\$172
59.1: Skin Interventions, Local Anaesthetic Excision partial, skin of abdomen and trunk; Excision partial, skin of face; Excision partial, nail; Excision partial, skin of arm; Excision partial, skin of neck; ++	12,005	27	\$255
55: Mastectomy Excision partial, breast; Biopsy, breast NOS	2,397	5	\$570
37.1: Circumcision 0 < 1.5 years Excision total, prepuce	2,051	5	\$184
58.3: Other Plastic Reconstruction Excision partial, skin of ear; Excision partial, skin of face; Excision partial, skin of abdomen and trunk; Excision partial, scalp; Excision partial, skin NEC; ++	1,580	4%	\$1,068

**MAC 09: Diseases and Disorders of the Skin and Subcutaneous
Tissue and Breast**

Activity
Intervention Related Visits 43,779 (18%)
Clinical Related Visits 204,544 (82%)
Total 248,323

Gender	
Female	119,581
Male	128,732
Other	10

Age Groups	
Intervention Related Visits	
0 to 17 years old	6,110
18 to 69 years old	31,874
70 plus years old	5,795
Clinical Related Visits	
0 to 17 years old	46,613
18 to 69 years old	133,877
70 plus years old	24,054

Region of Residence	
Chinook Regional Health Authority	16,203
Palliser Health Region	8,943
Calgary Health Region	47,966
David Thompson Regional Health Authority	28,678
East Central	14,641
Capital Health	59,560
Aspen Regional Health Authority	27,186
Peace Country Health	26,181
Northern Lights Health Region	10,425
Non-resident / Unknown	8,540

Region of Service	
Chinook Regional Health Authority	16,546
Palliser Health Region	8,981
Calgary Health Region	50,189
David Thompson Regional Health Authority	28,722
East Central	14,373
Capital Health	64,937
Aspen Regional Health Authority	26,548
Peace Country Health	26,606
Northern Lights Health Region	11,421

Top Five ACOS Groups Based on Activity for Clinical Related Visits

- includes at least 75 per cent of principal diagnoses within ACOS group

	Activity	% of Partition	Average Cost
902: Management Skin & Soft Tissue Persons encountering health services for specific procedures and health care (Z40-Z54); Dermatitis and eczema (L20-L30); Symptoms and signs involving the skin and subcutaneous tissue (R20-R23); Other disorders of the skin and subcutaneous tissue (L80-L99); Injuries to the head (S00-S09); ++	165,753	81%	\$94
906: Cellulitis Infections of the skin and subcutaneous tissue (L00-L08)	20,860	10%	\$154
901: Diag Inv Skin & Soft Tissue Injuries to the head (S00-S09); Injuries to the wrist and hand (S60-S69); Persons encountering health services for specific procedures and health care (Z40-Z54); Injuries to the ankle and foot (S90-S99); Injuries to the thorax (S20-S29); ++	14,214	7%	\$219
2004: Other Unit without Secondary Diagnosis Infections of the skin and subcutaneous tissue (L00-L08); Symptoms and signs involving the skin and subcutaneous tissue (R20-R23); Urticaria and erythema (L50-L54)	1,414	1%	\$310
2003: Other Unit with Secondary Diagnosis Infections of the skin and subcutaneous tissue (L00-L08); Symptoms and signs involving the skin and subcutaneous tissue (R20-R23); Injuries to the head (S00-S09); Other disorders of the skin and subcutaneous tissue (L80-L99); Persons encountering health services for specific procedures and health care (Z40-Z54)	1,353	1%	\$379

Top Five ACCS Groups Based on Activity for Intervention Related Visits

- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	Activity	% of Partition	Average Cost
24: Minor Vascular Drainage, circulatory system NEC	3,596	52%	\$168
8: External Eye Test, eye; Destruction, retina; Destruction, choroid; Pressure measurement, circulatory system	761	11%	\$102
59.4: Skin Interventions, No Anaesthetic Assessment (examination), total body; Destruction, skin of foot; Destruction, skin NEC	596	9%	\$217
75: Hospital Visit Including CAT Scan Computerized tomography [CT], head NEC; Computerized tomography [CT], brain; Computerized tomography [CT], abdominal cavity; Pharmacotherapy (local), circulatory system NEC	551	8%	\$781
61.2: Biopsy, Percutaneous Biopsy, thyroid gland; Drainage, thyroid gland	216	3%	\$430

Gender	Activity
Female	45,509
Male	42,993
Other	1

Age Groups	Activity
Intervention Related Visits	
0 to 17 years old	141
18 to 69 years old	5,486
70 plus years old	1,340
Clinical Related Visits	
0 to 17 years old	16,906
18 to 69 years old	50,522
70 plus years old	14,108

MAC 10: Endocrine, Nutritional, and Metabolic Diseases and Disorders

Activity	Activity
Intervention Related Visits	6,967 (8%)
Clinical Related Visits	81,536 (92%)
Total	88,503

Region of Residence	Activity
Chinook Regional Health Authority	1,889
Palliser Health Region	1,236
Calgary Health Region	34,933
David Thompson Regional Health Authority	4,667
East Central	3,337
Capital Health	30,382
Aspen Regional Health Authority	5,274
Peace Country Health	2,551
Northern Lights Health Region	1,244
Non-resident / Unknown	2,990

Top Five ACCS Groups Based on Activity for Clinical Related Visits

- includes at least 75 per cent of principal diagnoses within ACCS group

	Activity	% of Partition	Average Cost
260: Management Diabetes 18+ years Diabetes mellitus (E10-E14)	34,583	42%	\$136
258: Management General Endocrinal 18+ years Disorders of other endocrine glands (E20-E35); Metabolic disorders (E70-E90)	12,163	15%	\$72
259: Management Diabetes < 18+ years Diabetes mellitus (E10-E14)	6,645	8%	\$231
2082: Mode of Service - Telephone Diabetes mellitus (E10-E14)	6,328	8%	\$95
267: Fluid & Electrolyte 6+ years Metabolic disorders (E70-E90)	4,952	6%	\$315

Region of Service	Activity
Chinook Regional Health Authority	1,577
Palliser Health Region	923
Calgary Health Region	38,577
David Thompson Regional Health Authority	2,547
East Central	2,098
Capital Health	37,278
Aspen Regional Health Authority	2,668
Peace Country Health	2,043
Northern Lights Health Region	792

Top Five ACCS Groups Based on Activity for Intervention Related Visits

- Includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	Activity	% of Partition	Average Cost
62: Hemodialysis	192,118	73%	\$305
35.1: Bladder & Urethral Interventions, Local Anaesthetic Inspection, bladder	12,041	5	\$236
41: Minor Gyn Interventions	10,964	4%	\$270
40: Endo & Gyn Interventions	6,827	3%	\$895
38: Uro Diagnostic Interventions	5,227	2%	\$348

Age Groups

Intervention Related Visits

0 to 17 years old	4,723
18 to 69 years old	160,797
70 plus years old	98,154

Clinical Related Visits

0 to 17 years old	24,734
18 to 69 years old	115,640
70 plus years old	29,547

Gender

Female	234,481
Male	199,112
Other	2

MAC 11: Diseases and Disorders of Kidney and Genitourinary Tract

Activity

Intervention Related Visits	263,674 (61%)
Clinical Related Visits	169,921 (39%)
Total	433,595

Region of Residence

Chinook Regional Health Authority	24,955
Palliser Health Region	16,281
Calgary Health Region	143,770
David Thompson Regional Health Authority	43,339
East Central	14,658
Capital Health	122,972
Aspen Regional Health Authority	25,916
Peace Country Health	18,681
Northern Lights Health Region	8,638
Non-resident / Unknown	14,385

Top Five ACCS Groups Based on Activity for Clinical Related Visits

- Includes at least 75 per cent of principal diagnoses within ACCS group

	Activity	% of Partition	Average Cost
364: Management Other Genitourological Disorders 18+ years	75,889	45%	\$112
354: Management General Female Genital Disorders 18 < 45 years	17,296	10%	\$121
2082: Mode of Service - Telephone	15,043	9%	\$92
363: Management Other Genitourological Disorders < 18 years	13,140	8%	\$147
356: Management Contraceptive	9,514	6%	\$78

Region of Service

Chinook Regional Health Authority	10,134
Palliser Health Region	5,191
Calgary Health Region	180,702
David Thompson Regional Health Authority	17,248
East Central	7,625
Capital Health	180,673
Aspen Regional Health Authority	12,773
Peace Country Health	13,729
Northern Lights Health Region	5,520

Top Five ACCS Groups Based on Activity for Intervention Related Visits

- Includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

Activity	% of Partition	Average Cost
42: Evacuations Surgical termination of pregnancy	12,687 87%	\$562
61.2: Biopsy, Percutaneous Amniocentesis	829 6%	\$1,203
41: Minor Gyn Interventions Assessment (examination), total body; Dilation, cervix NEC; Inspection, vagina; Suturing of internal cervical os	501 3%	\$380
2: Spinal Specimen collection (diagnostic), spinal canal and meninges	72 0%	\$673
40: Endo & Gyn Interventions Interventions to uterus (following delivery); Surgical termination of pregnancy	57 0%	\$989

Gender	146,139	3,175
Female		
Male		

Age Groups	Intervention Related Visits	Clinical Related Visits
0 to 17 years old	964	8,523
18 to 69 years old	13,566	126,257
70 plus years old		4

MAC 14: Pregnancy, Childbirth, Newborns and Neonates

Activity	14,530 (10%)	134,784 (90%)	149,314
Intervention Related Visits			
Clinical Related Visits			
Total			

Region of Residence	6,386	9,625	53,465	8,058	3,038	44,046	8,243	7,223	4,648	4,582
Chinook Regional Health Authority										
Palliser Health Region										
Calgary Health Region										
David Thompson Regional Health Authority										
East Central										
Capital Health										
Aspen Regional Health Authority										
Peace Country Health										
Northern Lights Health Region										
Non-resident / Unknown										

Top Five ACCS Groups Based on Activity for Clinical Related Visits

Activity	% of Partition	Average Cost
663: Management Antepartum Maternal care related to the fetus and amniotic cavity and possible delivery problems (O30-O48); Other maternal disorders predominantly related to pregnancy (O20-O28)	53,280 40%	\$143
651: Antepartum Routine Persons encountering health services in circumstances related to reproduction (Z30-Z39)	32,797 24%	\$115
2004: Other Unit without Secondary Diagnosis Persons encountering health services in circumstances related to reproduction (Z30-Z39); Maternal care related to the fetus and amniotic cavity and possible delivery problems (O30-O48)	17,304 13	\$256
662: Diag Inv Antepartum Maternal care related to the fetus and amniotic cavity and possible delivery problems (O30-O48); Other maternal disorders predominantly related to pregnancy (O20-O28)	6,077 5%	\$388
2003: Other Unit with Secondary Diagnosis Maternal care related to the fetus and amniotic cavity and possible delivery problems (O30-O48); Persons encountering health services in circumstances related to reproduction (Z30-Z39); Other obstetric conditions, not elsewhere classified (O95-O99)	4,548 3%	\$280

Region of Service	6,034	9,837	57,659	6,087	2,059	50,148	6,371	6,810	4,309
Chinook Regional Health Authority									
Palliser Health Region									
Calgary Health Region									
David Thompson Regional Health Authority									
East Central									
Capital Health									
Aspen Regional Health Authority									
Peace Country Health									
Northern Lights Health Region									

Top Five ACOS Groups Based on Activity for Intervention Related Visits

- includes at least 75 per cent of procedures (coded as first intervention) within ACOS group

	Activity	% of Partition	Average Cost
63: Transfusions Transfusion, circulatory system NEC	2,011	28%	\$725
28.2: Endoscopy GI - Medium Biopsy, small intestine; Inspection, large intestine; Biopsy, stomach	1,181	16%	\$554
24: Minor Vascular Drainage, circulatory system NEC; Assessment (examination), total body	1,179	16%	\$204
61.1: Bloody, Other Biopsy, bone marrow; Assessment (examination), total body	1,141	16%	\$767
65: Chemotherapy - Oncology Chemotherapy of internal device, vena cava (superior and inferior); Pharmacotherapy, total body	503	7%	\$395

Gender	Activity
Female	22,205
Male	21,029
Other	2

Age Groups	Activity
Intervention Related Visits	
0 to 17 years old	857
18 to 69 years old	4,026
70 plus years old	2,286
Clinical Related Visits	
0 to 17 years old	11,343
18 to 69 years old	17,900
70 plus years old	6,824

MAC 16: Haematology Incl Lymphoma, Leukaemia and Unspecified Site Neoplasms

Activity	Activity
Intervention Related Visits	7,169 (17%)
Clinical Related Visits	36,067 (83%)
Total	43,236

Region of Residence	Activity
Chinook Regional Health Authority	1,415
Palliser Health Region	893
Calgary Health Region	20,621
David Thompson Regional Health Authority	2,632
East Central	1,241
Capital Health	11,739
Aspen Regional Health Authority	1,883
Peace Country Health	1,159
Northern Lights Health Region	314
Non-resident / Unknown	1,339

	Activity	% of Partition	Average Cost
455: Management Hematological 18 < 45 years Other diseases of blood and blood-forming organs (D70-D77); Malignant neoplasms of lymphoid, hematopoietic and related tissue (C81-C96); Coagulation defects, purpura and other haemorrhagic conditions (D65-D69); Aplastic and other anaemias (D60-D64); Certain disorders involving the immune mechanism (D80-D89)	13,119	36%	\$186
456: Management Hematological 65+ years Aplastic and other anaemias (D60-D64); Malignant neoplasms of lymphoid, hematopoietic and related tissue (C81-C96); Other diseases of blood and blood-forming organs (D70-D77); Neoplasms of uncertain or unknown behaviour (D37-D48)	7,116	20%	\$163
452: Management Hematological 0 < 6 years Other diseases of blood and blood-forming organs (D70-D77); Malignant neoplasms of lymphoid, hematopoietic and related tissue (C81-C96); Coagulation defects, purpura and other haemorrhagic conditions (D65-D69)	3,345	9%	\$206
2082: Mode of Service - Telephone Coagulation defects, purpura and other haemorrhagic conditions (D65-D69); Malignant neoplasms of lymphoid, hematopoietic and related tissue (C81-C96); Other diseases of blood and blood-forming organs (D70-D77)	3,174	9%	\$107
453: Management Hematological 6 < 12 years Other diseases of blood and blood-forming organs (D70-D77); Malignant neoplasms of lymphoid, hematopoietic and related tissue (C81-C96); Coagulation defects, purpura and other haemorrhagic conditions (D65-D69)	2,590	7%	\$188

Top Five ACOS Groups Based on Activity for Clinical Related Visits

- includes at least 75 per cent of principal diagnoses within ACOS group

Region of Service	Activity
Chinook Regional Health Authority	789
Palliser Health Region	336
Calgary Health Region	23,449
David Thompson Regional Health Authority	1,381
East Central	764
Capital Health	14,288
Aspen Regional Health Authority	1,123
Peace Country Health	927
Northern Lights Health Region	179

Top Five ACCS Groups Based on Activity for Intervention Related Visits

- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

41: Minor Gyn Interventions Excision partial, cervix NEC; Biopsy, cervix	Activity	% of Partition	Average Cost
35.1: Bladder & Urethral Interventions, Local Anaesthetic Inspection, bladder	2,006	13%	\$408
59.1: Skin Interventions, Local Anaesthetic Excision partial, skin of face; Excision partial, skin of abdomen and trunk; Excision partial, skin of arm; Excision partial, skin of forehead; Excision partial, skin of neck; +++	1,519	10%	\$240
65: Chemotherapy - Oncology Pharmacotherapy, total body	1,360	9%	\$608
28.2: Endoscopy GI - Medium Biopsy, large intestine; Inspection, large intestine; Biopsy, stomach; Biopsy, esophagus	1,278	8%	\$388
	1,150	7%	\$595

Gender
Female 17,323
Male 19,823

Age Groups	
<u>Intervention Related Visits</u>	
0 to 17 years old	1,021
18 to 69 years old	9,078
70 plus years old	5,290
<u>Clinical Related Visits</u>	
0 to 17 years old	11,196
18 to 69 years old	6,643
70 plus years old	3,918

MAC 17: Oncological Diseases and Disorders

Activity	
Intervention Related Visits	15,389 (41%)
Clinical Related Visits	21,757 (59%)
Total	37,146

Region of Residence

Chinook Regional Health Authority	2,642
Palliser Health Region	937
Calgary Health Region	14,382
David Thompson Regional Health Authority	4,014
East Central	1,639
Capital Health	7,738
Aspen Regional Health Authority	1,896
Peace Country Health	1,691
Northern Lights Health Region	755
Non-resident / Unknown	1,452

Top Five ACCS Groups Based on Activity for Clinical Related Visits

- includes at least 75 per cent of principal diagnoses within ACCS group

702: Management Oncological Neoplasms of uncertain or unknown behaviour (D37-D48); Malignant neoplasms of male genital organs (C60-C63); Persons encountering health services of specific procedures and health care (Z40-Z54); Malignant neoplasms of digestive organs (C15-C26); Malignant neoplasms of breast (C50);+++	Activity	% of Partition	Average Cost
2082: Mode of Service - Telephone Neoplasms of uncertain or unknown behaviour (D37-D48); Malignant neoplasms of ill-defined, secondary and unspecified sites (C76-C80); Malignant neoplasms of eye, brain and other parts of central nervous system (C69-C72)	13,611	63%	\$186
2003: Other Unit with Secondary Diagnosis Malignant neoplasms of respiratory and intrathoracic organs (C30-C39); Malignant neoplasms of digestive organs (C15-C26); Malignant neoplasms of ill-defined, secondary and unspecified sites (C76-C80); Malignant neoplasms of male genital organs (C60-C63)	1,972	9%	\$123
701: Diag Inv Oncological Neoplasms of uncertain or unknown behaviour (D37-D48); Malignant neoplasms of respiratory and intrathoracic organs (C30-C39); Malignant neoplasms of ill-defined, secondary and unspecified sites (C76-C80); Malignant neoplasms of eye, brain and other parts of central nervous system (C69-C72); Malignant neoplasms of digestive organs (C15-C26); +++	1,189	5%	\$402
1222: Social Work Group 2 Neoplasms of uncertain or unknown behaviour (D37-D48)	1,089	5%	\$333
	824	4%	\$104

Region of Service

Chinook Regional Health Authority	2,312
Palliser Health Region	591
Calgary Health Region	17,186
David Thompson Regional Health Authority	2,556
East Central	1,228
Capital Health	10,167
Aspen Regional Health Authority	940
Peace Country Health	1,608
Northern Lights Health Region	558

Top Five ACCS Groups Based on Activity for Intervention Related Visits

- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

- 75: Hospital Visit Including CAT Scan
Computerized tomography (CT), head NEC; Computerized tomography (CT), abdominal cavity; Pharmacotherapy, total body; Computerized tomography (CT), brain
- 2: Spinal
Specimen collection (diagnostic), spinal canal and meninges
- 21: Vascular Interventions 18 + years
Implantation of internal device, vena cava (superior and inferior); Implantation of internal device, artery NEC; Ventilation, respiratory system NEC
- 28.2: Endoscopy GI - Medium
Biopsy, stomach; Biopsy, small intestine; Biopsy, esophagus
- 17: Respiratory Endoscopy - ENT
Biopsy, bronchus; Inspection, larynx; Inspection, oropharynx; Inspection, bronchus

Activity	% of Partition	Average Cost
340	37%	\$828
322	35%	\$607
46	5%	\$1,001
43	5%	\$614
21	2%	\$319

Gender	Activity
Female	19,137
Male	22,721
Other	1

Age Groups	Intervention Related Visits
0 to 17 years old	235
18 to 69 years old	528
70 plus years old	167
Clinical Related Visits	
0 to 17 years old	21,358
18 to 69 years old	17,925
70 plus years old	1,646

MAC 18: Systemic Infections Including HIV

Activity	(%)
Intervention Related Visits	930 (2%)
Clinical Related Visits	40,929 (98%)
Total	41,859

Region of Residence	Activity
Chinook Regional Health Authority	1,806
Palliser Health Region	1,244
Calgary Health Region	13,029
David Thompson Regional Health Authority	4,200
East Central	1,347
Capital Health	11,986
Aspen Regional Health Authority	3,018
Peace Country Health	2,808
Northern Lights Health Region	932
Non-resident / Unknown	1,489

Region of Service	Activity
Chinook Regional Health Authority	1,710
Palliser Health Region	1,049
Calgary Health Region	14,307
David Thompson Regional Health Authority	4,086
East Central	1,234
Capital Health	13,113
Aspen Regional Health Authority	2,656
Peace Country Health	2,752
Northern Lights Health Region	952

Top Five ACCS Groups Based on Activity for Clinical Related Visits

- includes at least 75 per cent of principal diagnoses within ACCS group

- 952: Management Systemic Infection < 18 years
Other viral diseases (B25-B34); General symptoms and signs (R50-R69); Viral infections characterized by skin and mucous membrane lesions (B00-B09)
- 956: Management AIDS
Persons with potential health hazards related to communicable diseases (Z20-Z29); Human immunodeficiency virus [HIV] disease (B24-B24)
- 953: Management Systemic Infection 18 < 45 years
Other viral diseases (B25-B34); General symptoms and signs (R50-R69)
- 951: Diag Inv Systemic Infection
Other viral diseases (B25-B34); General symptoms and signs (R50-R69)
- 954: Management Systemic Infection 45+ years
Other viral diseases (B25-B34); General symptoms and signs (R50-R69); Other bacterial diseases (A30-A49); Viral infections characterized by skin and mucous membrane lesions (B00-B09)

Activity	% of Partition	Average Cost
18,006	44%	\$138
5,740	14%	\$148
5,659	14%	\$129
4,136	10%	\$308
2,404	6%	\$129

Top Five ACCS Groups Based on Activity for Intervention Related Visits

- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
75:	Hospital Visit Including CAT Scan Computerized tomography [CT], head NEC; Computerized tomography [CT], brain	1694 74%	\$641
59.1:	Skin Interventions, Local Anaesthetic Repair, skin of arm; Repair, scalp; Repair, skin of forehead; Repair, skin of hand; Repair, skin of face	157 7%	\$365
59.4:	Skin Interventions, No Anaesthetic Repair, skin of arm; Repair, scalp; Repair, skin of forehead; Repair, skin of hand; Repair, skin of face	146 6%	\$305
2:	Spinal Specimen collection (diagnostic), spinal canal and meninges	50 2%	\$695
76:	Hospital Visit Including MRI Magnetic resonance imaging, brain; Assessment (examination), total body; Specimen collection (diagnostic), spinal canal and meninges	30 1%	\$1192

Gender

Female	330,631
Male	243,358
Other	146

Age Groups

<u>Intervention Related Visits</u>	
0 to 17 years old	146
18 to 69 years old	1,691
70 plus years old	449
<u>Clinical Related Visits</u>	
0 to 17 years old	73,112
18 to 69 years old	476,654
70 plus years old	22,083

MAC 19: Mental Diseases and Disorders

<u>Activity</u>	<u>(%)</u>
Intervention Related Visits	2,286 (0%)
Clinical Related Visits	571,849 (100%)
Total	574,135

Region of Residence

Chinook Regional Health Authority	18,709
Palliser Health Region	3,787
Calgary Health Region	212,446
David Thompson Regional Health Authority	20,006
East Central	11,154
Capital Health	255,290
Aspen Regional Health Authority	12,360
Peace Country Health	9,856
Northern Lights Health Region	13,550
Non-resident / Unknown	16,977

Top Five ACCS Groups Based on Activity for Clinical Related Visits

- includes at least 75 per cent of principal diagnoses within ACCS group

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
1062: Group Therapy Mood [affective] disorders (F30-F39); General symptoms and signs (R50-R69); Schizophrenia, schizotypal and delusional disorders (F20-F29); Neurotic, stress-related and somatoform disorders (F40-F48)	201,871	35%	\$27
1057: Individual Therapy Mood [affective] disorders (F30-F39); Schizophrenia, schizotypal and delusional disorders (F20-F29); Persons encountering health services for specific procedures and health care (Z40-Z54); Neurotic, stress-related and somatoform disorders (F40-F48); General symptoms and signs (R50-R69)	104,025	18%	\$95
802: Management Psychiatry Neurotic, stress-related and somatoform disorders (F40-F48); Mood [affective] disorders (F30-F39); Behavioural syndromes associated with physiological disturbances and physical factors (F50-F59); Disorders of psychological development (F80-F89)	73,986	13%	\$124
1065: Patient Specific Consultations/Case Supervision Mood [affective] disorders (F30-F39); Neurotic, stress-related and somatoform disorders (F40-F48); Persons encountering health services for specific procedures and health care (Z40-Z54); Disorders of adult personality and behaviour (F60-F69)	36,650	6%	\$95
1064: Medication Administration Schizophrenia, schizotypal and delusional disorders (F20-F29); General symptoms and signs (R50-R69)	21,412	4%	\$168

Region of Service

Chinook Regional Health Authority	18,156
Palliser Health Region	3,071
Calgary Health Region	223,167
David Thompson Regional Health Authority	15,218
East Central	8,758
Capital Health	275,100
Aspen Regional Health Authority	7,953
Peace Country Health	9,101
Northern Lights Health Region	13,611

Top Five ACCS Groups Based on Activity for Intervention Related Visits

- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	Activity	% of Partition	Average Cost
79: Other Xray Xray, spinal vertebrae; Xray, knee joint; Xray, joints of fingers and hand NEC; Xray, foot; Xray, shoulder joint; +++	181,647	33%	\$73
87: Discrete CAT Scan Computerized tomography (CT), head NEC; Computerized tomography (CT), abdominal cavity; Computerized tomography (CT), thoracic cavity; Computerized tomography (CT), spinal vertebrae	83,419	15%	\$339
78: Chest Xray Xray, thoracic cavity NEC	75,552	14%	\$69
81: Ultrasound Ultrasound, abdominal cavity; Obstetrical ultrasound examinations; Ultrasound, vessels of the pelvis, perineum and gluteal region; Ultrasound, vein NEC; Ultrasound, heart with coronary arteries	70,365	13%	\$339
88: Discrete MRI Magnetic resonance imaging (MRI), spinal vertebrae; Magnetic resonance imaging, brain; Magnetic resonance imaging (MRI), leg NEC; Magnetic resonance imaging (MRI), arm NEC	62,746	11%	\$531

Gender	
Blank	4
Female	1,505,520
Male	1,380,004
Other	43

Age Groups	
Intervention Related Visits	
0 to 17 years old	51,731
18 to 69 years old	405,486
70 plus years old	100,383
Clinical Related Visits	
0 to 17 years old	647,237
18 to 69 years old	1,311,595
70 plus years old	369,138

MAC 20: Examination and Other Health Factors

Activity	Activity
Intervention Related Visits	557,600 (19%)
Clinical Related Visits	2,327,971 (81%)
Total	2,885,571

Region of Residence	
Chinook Regional Health Authority	163,764
Palliser Health Region	106,815
Calgary Health Region	690,814
David Thompson Regional Health Authority	293,904
East Central	126,000
Capital Health	1,006,957
Aspen Regional Health Authority	245,575
Peace Country Health	117,576
Northern Lights Health Region	63,630
Non-resident / Unknown	70,536

Region of Service	
Chinook Regional Health Authority	160,175
Palliser Health Region	102,168
Calgary Health Region	735,532
David Thompson Regional Health Authority	263,185
East Central	102,315
Capital Health	1,146,190
Aspen Regional Health Authority	208,994
Peace Country Health	108,158
Northern Lights Health Region	58,854

Top Five ACCS Groups Based on Activity for Clinical Related Visits

- includes at least 75 per cent of principal diagnoses within ACCS group

	Activity	% of Partition	Average Cost
1111: Physical Therapy Group 1 Persons encountering health services for specific procedures and health care (Z40-Z54)	310,020	13%	\$32
2082: Mode of Service - Telephone Persons encountering health services in other circumstances (Z70-Z76); Persons encountering health services for specific procedures and health care (Z40-Z54)	256,750	11%	\$49
1112: Physical Therapy Group 2 Persons encountering health services for specific procedures and health care (Z40-Z54)	254,733	11%	\$51
704: IV Therapy - Non Cancer Related Persons encountering health services for specific procedures and health care (Z40-Z54)	172,022	7%	\$137
1114: Physical Therapy Group 4 Persons encountering health services for specific procedures and health care (Z40-Z54)	132,345	6%	\$118

Top Five ACCS Groups Based on Activity for Intervention Related Visits

- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

Activity	% of Partition	Average Cost
59.1: Skin Interventions, Local Anaesthetic Repair, skin of hand; Repair, skin of face; Repair, scalp; Repair, skin of forehead; Repair, skin of leg	40,422 38%	\$126
59.4: Skin Interventions, No Anaesthetic Repair, skin of hand; Repair, skin of face; Repair, skin of forehead; Repair, scalp; Repair, skin of arm; +++	21,797 20%	\$120
75: Hospital Visit Including CAT Scan Computerized tomography [CT], head NEC; Computerized tomography [CT], abdominal cavity; Computerized tomography [CT], brain; Computerized tomography [CT], spinal vertebrae; Repair, scalp; +++	10,437 10%	\$884
48: Closed Reductions Reduction, radius and ulna; Reduction, shoulder joint; Reduction, wrist joint; Reduction, elbow joint; Reduction, metacarpal bones; +++	9,719 9%	\$357
8: External Eye Removal of foreign body, eye NEC; Removal of foreign body, cornea with sclera	8,717 8%	\$104

Gender	
Female	167,196
Male	268,378
Other	16

Age Groups	
Intervention Related Visits	
0 to 17 years old	27,259
18 to 69 years old	73,881
70 plus years old	6,554
Clinical Related Visits	
0 to 17 years old	93,096
18 to 69 years old	214,355
70 plus years old	20,445

MAC 21: Trauma, Coma and Toxic Effects

Activity	
Intervention Related Visits	107,694 (25%)
Clinical Related Visits	327,896 (75%)
Total	435,590

Region of Residence

Chinook Regional Health Authority	24,895
Palliser Health Region	15,843
Calgary Health Region	98,198
David Thompson Regional Health Authority	55,904
East Central	17,165
Capital Health	111,421
Aspen Regional Health Authority	36,625
Peace Country Health	39,489
Northern Lights Health Region	13,060
Non-resident / Unknown	22,990

Top Five ACCS Groups Based on Activity for Clinical Related Visits

- includes at least 75 per cent of principal diagnoses within ACCS group

Activity	% of Partition	Average Cost
1009: Sprains Injuries to the ankle and foot (S90-S99); Injuries to the wrist and hand (S60-S69); Injuries to the neck (S10-S19); Injuries to the knee and lower leg (S80-S89)	68,717 21%	\$152
1005: Closed Fracture & Dislocations Other Injuries to the elbow and forearm (S50-S59); Injuries to the wrist and hand (S60-S69); Injuries to the knee and lower leg (S80-S89); Injuries to the shoulder and upper arm (S40-S49)	44,894 14%	\$181
1011: Contusions except Fingers / Toes Injuries to the head (S00-S09); Injuries to the wrist and hand (S60-S69); Injuries to the thorax (S20-S29); Injuries to the knee and lower leg (S80-S89); Injuries to the ankle and foot (S90-S99); +++	43,133 13%	\$152
1021: Minor Other Injuries Complications of surgical and medical care, not elsewhere classified (T80-T89); Injuries to the wrist and hand (S60-S69); Injuries to the shoulder and upper arm (S40-S49); Injuries to the ankle and foot (S90-S99); +++	34,359 10%	\$156
1007: Open Wounds without Complications Injuries to the wrist and hand (S60-S69); Injuries to the head (S00-S09); Injuries to the ankle and foot (S90-S99)	27,838 8%	\$109

Region of Service

Chinook Regional Health Authority	25,397
Palliser Health Region	16,312
Calgary Health Region	105,634
David Thompson Regional Health Authority	57,161
East Central	16,485
Capital Health	119,895
Aspen Regional Health Authority	36,597
Peace Country Health	42,955
Northern Lights Health Region	15,154

Top Five ACCS Groups Based on Activity for Intervention Related Visits

- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

Activity	% of Partition	Average Cost
65: Chemotherapy - Oncology Management of internal device, vena cava (superior and inferior); Pharmacotherapy, total body	16 26%	NA
75: Hospital Visit including CAT Scan Computerized tomography [CT], abdominal cavity; Management of internal device, vena cava (superior and inferior)	9 15%	NA
59.1: Skin Interventions, Local Anaesthetic Removal of foreign body, skin of hand; Repair, skin of hand; Destruction, skin of hand; Repair, skin of arm	9 15%	NA
59.4: Skin Interventions, No Anaesthetic Removal of foreign body, skin of hand; Repair, skin of nose; Repair, lip	7 11%	NA
8: External Eye Removal of foreign body, eye NEC	6 10%	NA

Gender	
Female	322
Male	939
Undifferentiated	3

Age Groups	
Intervention Related Visits	
0 to 17 years old	42
18 to 69 years old	18
70 plus years old	1
Clinical Related Visits	
0 to 17 years old	675
18 to 69 years old	386
70 plus years old	142

MAC 99: Ungroupables

Activity	
Intervention Related Visits	61 (5%)
Clinical Related Visits	1,203 (95%)
Total	1,264

Region of Residence	
Chinook Regional Health Authority	70
Palliser Health Region	104
Calgary Health Region	561
David Thompson Regional Health Authority	93
East Central	102
Capital Health	28
Aspen Regional Health Authority	188
Peace Country Health	68
Northern Lights Health Region	10
Non-resident / Unknown	40

Activity	% of Partition	Average Cost
999: Ungroupables Gliomas (938-949); Myomatous neoplasms (889-892); Drugs, medicaments and biological substances causing adverse effects in therapeutic use (Y40-Y59); Miscellaneous tumours (935-937); Exposure to inanimate mechanical forces (W20-W49); ++	615 51%	\$227
2021: DOA Ill-defined and unknown causes of mortality (R95-R99)	334 28%	\$145
2082: Mode of Service - Telephone Gliomas (938-949); Myomatous neoplasms (889-892)	98 8%	NA
2022: Died During Visit Ill-defined and unknown causes of mortality (R95-R99); Other disorders originating in the perinatal period (P90-P96)	26 2%	NA
2004: Other Unit without Secondary Diagnosis Myomatous neoplasms (889-892); Drugs, medicaments and biological substances causing adverse effects in therapeutic use (Y40-Y59); Gliomas (938-948)	25 2%	NA

Top Five ACCS Groups Based on Activity for Clinical Related Visits

- includes at least 75 per cent of principal diagnoses within ACCS group

Region of Service	
Chinook Regional Health Authority	3
Palliser Health Region	93
Calgary Health Region	695
David Thompson Regional Health Authority	55
East Central	108
Capital Health	9
Aspen Regional Health Authority	217
Peace Country Health	75
Northern Lights Health Region	9

NA - average cost data not available as no costs submitted for MAC / ACCS group combination

Definitions

Activity	Total number of cases in Alberta in 2004/2005 reported by all facilities providing health services (schedules 3 and 6). See page 7.
Average Cost	Average of the specified cost data.
Average LOS	Average length of stay in days; the day of admission is counted but the day of separation is not counted in this calculation.
Blended	Results based on cost records from 2003/2004 and 2004/2005, as well as top-up records. (see Note).
Coefficient of Variation	Measures the spread of the cost data (based on the set of cost records), as a proportion of the average cost (mean). It is the ratio of the standard deviation divided by the mean.
Cost per Day	Total costs divided by total length of stay.
Costed Cases	Includes the number of cases that have been costed. The total number of cases costed for each Case Mix Group (CMG) may not equal the sum of cases costed for each complexity level due to different trim point calculations for CMGs and Plx groups (CMG code + Plx level).
Direct Cost	Includes all costs directly incurred by the department providing the service to the patient. This typically includes health provider costs, direct supervision, supplies, and equipment costs.
Indirect Cost	Includes costs incurred by departments not providing services to patients. This includes administrative services such as finance, human resources, IT, and support services such as plant, costs, material management, housekeeping, admitting and registration, health records and food services.
Low Volume	Cells that have five or fewer costed cases.
Manual Top-Up	A proxy case used to provide an estimated or derived cost when no cases were costed.
Plx Level	Complexity level (see page 10).
Standard Deviation	Measures the variability or distribution of the cost data (based on the set of cost records). It is calculated from the deviations (differences) between each data value and the mean. The more disperse the data is, the larger the standard deviation.
SWRV	System wide relative value (see Appendix).
Trim Point	The length of stay (LOS) value used to exclude some cost records from the calculations, as they are considered to be atypical.

Note: 2003/2004 results reported on Schedules 2 and 5 are based only on that year's cost data appropriately inflated as indicated on page 5. 2004/2005 results are based on actual 2004/2005 cost records submitted.

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Indirect Cost			
001	PWS - Craniotomy Procedures		7.3	12,642	2,736	15,379	2,109	2,095
001		Pix1	6.1	10,395	2,309	12,704	2,075	1,655
001		Pix2	10.3	16,344	3,530	19,874	1,927	193
001		Pix3	13.7	21,275	4,559	25,834	1,880	124
001		Pix4	26.4	47,978	9,696	57,674	2,183	228
003	PWS - Spinal Procedures		5.9	8,477	2,196	10,673	1,814	272
003		Pix1	5.0	7,186	1,925	9,112	1,809	224
003		Pix2	11.6	12,848	3,338	16,186	1,390	28
003		Pix3	12.1	17,762	4,298	22,060	1,821	18
003		Pix4	26.4	35,391	8,172	43,562	1,649	19
004	PWS - Extracranial Vascular Procedures		3.3	5,454	1,510	6,964	2,082	595
004		Pix1	2.8	4,859	1,389	6,248	2,201	521
004		Pix2	9.9	12,073	2,914	14,987	1,516	35
004		Pix3	8.8	11,979	2,609	14,588	1,651	24
004		Pix4	16.4	25,198	5,261	30,458	1,858	23
005	PWS - Ventricular Shunt Revision		3.0	5,099	1,108	6,207	2,091	161
005		Pix1	2.9	5,017	1,087	6,105	2,135	150
005		Pix2	7.1	9,313	1,917	11,230	1,579	9
005		Pix3	3.4	5,518	1,370	6,887	2,026	5
005		Pix4						
006	Carpal Tunnel Release And Specified Nervous System Procedures		2.7	4,606	1,292	5,898	2,165	167
006		Pix1	2.5	4,443	1,233	5,676	2,314	157
006		Pix2	5.2	5,128	1,334	6,462	1,243	5
006		Pix3	20.4	15,547	4,125	19,673	964	5
006		Pix4	32.0	54,591	10,318	64,909	2,028	8
007	Peripheral, Cranial Nerve And Other Neurological Procedures		13.9	17,377	3,950	21,327	1,534	74
007		Pix1	6.7	9,319	2,255	11,574	1,738	44
007		Pix2	16.5	16,306	3,450	19,756	1,197	6
007		Pix3	17.0	22,541	5,731	28,272	1,663	3
007		Pix4	27.9	36,873	8,299	45,172	1,619	21

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
010	Neoplasm Of Nervous System		10.2	6,618	1,690	8,308	816
010		Pix1	8.1	5,182	1,306	6,489	797
010		Pix2	13.2	7,545	2,045	9,590	726
010		Pix3	16.1	12,573	3,201	15,774	978
010		Pix4	19.1	18,416	4,559	22,975	1,203
011	Degenerative Nervous Disorders		16.9	9,733	2,655	12,388	733
011		Pix1	13.5	7,136	1,965	9,101	675
011		Pix2	29.3	15,123	4,497	19,620	670
011		Pix3	23.9	15,435	4,051	19,486	814
011		Pix4	41.1	28,833	7,814	36,647	891
012	Multiple Sclerosis And Cerebellar Disorders		8.5	5,348	1,384	6,732	790
012		Pix1	7.3	4,489	1,140	5,629	776
012		Pix2	20.8	12,650	3,526	16,177	776
012		Pix3	32.9	15,927	5,176	21,103	641
012		Pix4	34.2	21,936	6,597	28,533	834
013	Specific Cerebrovascular Disorders Except Transient Ischemic Attacks		8.9	6,869	1,655	8,524	962
013		Pix1	6.4	4,944	1,151	6,095	957
013		Pix2	17.4	11,259	3,000	14,258	818
013		Pix3	16.8	12,779	3,264	16,042	955
013		Pix4	23.7	21,144	5,208	26,352	1,113
014	Transient Ischemic Attacks And Precerebral Occlusions		3.7	3,252	701	3,953	1,056
014		Pix1	3.4	2,930	622	3,551	1,059
014		Pix2	9.2	6,367	1,605	7,972	863
014		Pix3	13.4	11,122	2,712	13,833	1,032
014		Pix4	22.1	17,567	4,373	21,940	993
015	Nonspecific Cerebrovascular Disorders		6.3	5,456	1,244	6,699	1,058
015		Pix1	5.0	4,017	937	4,954	984
015		Pix2	9.1	6,560	1,544	8,104	894
015		Pix3	6.5	6,428	1,472	7,900	1,207
015		Pix4	24.3	21,149	4,938	26,087	1,076

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
017	Cranial And Peripheral Nerve Diseases		7.8	4,992	1,265	6,257	806
017		Pix1	6.5	4,151	1,043	5,193	803
017		Pix2	13.9	7,826	2,154	9,980	717
017		Pix3	12.7	7,730	1,963	9,693	766
017		Pix4	45.1	35,898	8,505	44,403	984
018	Viral Meningitis		2.9	1,732	513	2,245	773
018		Pix1	2.8	1,695	506	2,202	773
018		Pix2	8.0	6,244	1,340	7,583	948
018		Pix3	6.8	3,769	1,037	4,805	707
018		Pix4	5.0	2,403	676	3,078	616
019	Infection Except Viral Meningitis		7.1	6,510	1,543	8,053	1,135
019		Pix1	5.5	4,271	1,038	5,309	969
019		Pix2	8.8	9,119	2,209	11,328	1,281
019		Pix3	13.6	11,663	3,003	14,666	1,082
019		Pix4	20.3	24,200	5,308	29,508	1,453
020	Hypertensive Encephalopathy		9.9	10,919	2,907	13,826	1,393
020		Pix1	4.4	3,366	805	4,170	953
020		Pix2	15.0	14,641	4,615	19,256	1,284
020		Pix3					
020		Pix4	19.0	29,315	6,552	35,866	1,888
021	Non-Traumatic Stupor And Coma		5.2	4,286	1,061	5,348	1,025
021		Pix1	4.5	3,545	900	4,445	989
021		Pix2	6.7	4,487	1,166	5,653	846
021		Pix3	7.9	6,636	1,668	8,304	1,046
021		Pix4	6.9	9,517	2,005	11,522	1,663
022	Seizure And Headache		3.2	2,743	656	3,399	1,048
022		Pix1	3.1	2,575	617	3,192	1,019
022		Pix2	6.7	5,808	1,405	7,212	1,077
022		Pix3	6.9	6,496	1,611	8,107	1,169
022		Pix4	13.5	19,761	4,256	24,017	1,780

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
028	Other Nervous System Diagnoses		7.7	5,881	1,510	7,391	962
028		Plx1	6.1	3,819	997	4,816	784
028		Plx2	10.9	6,981	1,860	8,841	808
028		Plx3	11.4	9,237	2,597	11,834	1,037
028		Plx4	11.1	17,107	4,030	21,137	1,899
040	Tracheostomy And Gastrostomy Procedures		48.6	64,976	15,111	80,087	1,648
040		Plx1	31.9	25,325	6,628	31,954	1,002
040		Plx2	30.2	26,666	6,285	32,951	1,090
040		Plx3	38.0	31,544	8,246	39,790	1,046
040		Plx4	55.2	83,211	18,946	102,157	1,851
050	Orbital Procedures		1.3	1,713	588	2,301	1,706
050		Plx1	1.3	1,709	587	2,296	1,708
050		Plx2	5.9	4,843	1,866	6,709	1,137
050		Plx3	5.4	4,666	1,914	6,580	1,218
050		Plx4	9.6	17,763	4,267	22,030	2,295
051	Other Intraocular Procedures		1.4	1,814	633	2,447	1,738
051		Plx1	1.4	1,811	634	2,445	1,739
051		Plx2	3.4	3,162	1,145	4,307	1,256
051		Plx3					
051		Plx4					
052	Retinal Procedures		1.0	1,578	508	2,086	2,086
052		Plx1	1.0	1,579	508	2,086	2,086
052		Plx2	2.2	2,178	784	2,962	1,333
052		Plx3	1.6	2,487	713	3,200	2,000
052		Plx4	9.0	13,763	2,746	16,509	1,834
053	Iris And Lens Procedures		1.5	2,067	605	2,672	1,754
053		Plx1	1.5	2,067	605	2,672	1,754
053		Plx2					
053		Plx3	7.0	6,523	3,051	9,574	1,368
053		Plx4					

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
054	Extraocular Procedures		1.2	1,588	572	2,161	1,801
054		Pix1	1.0	1,573	543	2,116	2,116
054		Pix2	5.0	7,932	3,220	11,152	2,330
054		Pix3	17.0	13,838	3,625	17,463	1,027
054		Pix4	13.0	20,308	8,555	28,863	2,220
055	Lens Insertion (MNRH)		1.0	2,450	619	3,069	3,069
055		Pix1	1.0	2,454	620	3,074	3,074
055		Pix2	1.3	2,251	656	2,907	2,180
055		Pix3	1.0	2,121	628	2,749	2,749
055		Pix4					
057	Other Ophthalmic Procedures (MNRH)		1.0	1,260	390	1,649	1,649
057		Pix1	1.0	1,247	389	1,635	1,635
057		Pix2	1.7	2,136	577	2,713	1,628
057		Pix3	3.0	2,200	698	2,898	966
057		Pix4					
060	Major Eye Infections		4.6	3,640	1,329	4,970	1,075
060		Pix1	4.4	3,427	1,307	4,734	1,068
060		Pix2	6.6	5,683	1,462	7,145	1,083
060		Pix3	23.2	13,236	3,414	16,650	718
060		Pix4					
062	HypHEMA		3.0	1,698	587	2,285	762
062		Pix1	3.0	1,698	587	2,285	762
062		Pix2					
062		Pix3					
062		Pix4					
063	Other Ophthalmic Diagnoses (MNRH)		2.8	2,467	646	3,113	1,118
063		Pix1	2.7	2,340	620	2,960	1,111
063		Pix2	8.6	6,176	1,702	7,878	913
063		Pix3	6.2	6,127	1,895	8,022	1,294
063		Pix4	10.3	17,146	3,711	20,857	2,035

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Indirect Cost			
075	PWS - Radical Laryngectomy And Glossectomy		18.3	32,333	9,095	41,428	2,259	151
075		Pix1	15.2	27,488	7,938	35,426	2,329	94
075		Pix2	24.1	38,697	10,843	49,539	2,058	15
075		Pix3	27.6	40,463	11,496	51,959	1,885	16
075		Pix4	28.5	48,504	12,831	61,335	2,152	32
076	PWS - Major Head And Neck Procedures		6.8	11,812	3,130	14,943	2,182	339
076		Pix1	4.4	7,318	2,108	9,427	2,133	267
076		Pix2	12.7	19,424	5,449	24,873	1,955	18
076		Pix3	13.8	23,241	5,629	28,870	2,100	16
076		Pix4	21.5	44,048	9,974	54,022	2,516	36
077	Less Extensive Head And Neck Procedures		1.5	2,378	817	3,195	2,107	399
077		Pix1	1.5	2,336	808	3,143	2,114	392
077		Pix2	9.1	10,111	2,963	13,074	1,430	7
077		Pix3	5.0	6,966	1,717	8,683	1,737	5
077		Pix4	12.0	19,338	4,346	23,684	1,974	8
078	Cleft Lip And Palate Repair		1.7	3,625	1,063	4,688	2,757	217
078		Pix1	1.7	3,566	1,045	4,611	2,716	215
078		Pix2	3.0	10,013	2,564	12,577	4,192	5
078		Pix3						
078		Pix4						
081	Salivary Gland Procedures		1.4	2,939	957	3,895	2,831	290
081		Pix1	1.4	2,937	955	3,892	2,826	289
081		Pix2	3.5	6,025	1,860	7,885	2,253	2
081		Pix3						
081		Pix4						
082	Minor Ear, Nose And Throat Procedures		1.4	1,955	614	2,569	1,803	80
082		Pix1	1.4	1,942	614	2,556	1,819	79
082		Pix2	8.5	4,172	1,324	5,496	647	2
082		Pix3	23.0	18,407	4,684	23,091	1,004	1
082		Pix4	10.0	18,221	5,317	23,538	2,354	2

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
083	Reconstructive ENT Procedures		2.3	4,707	1,583	6,290	2,791
083		P1x1	2.2	4,686	1,582	6,267	2,798
083		P1x2	3.5	7,460	1,862	9,321	2,663
083		P1x3	6.0	11,769	2,544	14,313	2,385
083		P1x4	7.5	17,188	4,986	22,174	2,957
084	Miscellaneous Ear, Nose And Throat Procedures		3.0	3,666	1,033	4,699	1,589
084		P1x1	2.9	3,527	1,000	4,527	1,578
084		P1x2	10.5	10,504	2,568	13,072	1,245
084		P1x3	11.2	8,849	2,457	11,305	1,009
084		P1x4	12.4	23,466	5,564	29,029	2,341
085	Mastoid Procedures		1.2	8,887	995	9,882	8,009
085		P1x1	1.0	6,165	946	7,111	7,111
085		P1x2	2.4	13,829	1,196	15,025	6,187
085		P1x3	8.2	30,013	2,721	32,734	3,992
085		P1x4					
086	Other Tonsillar Procedures		2.2	2,457	687	3,144	1,406
086		P1x1	2.2	2,456	677	3,133	1,404
086		P1x2	1.0	1,261	315	1,575	1,575
086		P1x3	1.0	1,478	348	1,826	1,826
086		P1x4	7.7	12,336	2,724	15,060	1,964
087	Sinus Procedures		1.0	1,830	657	2,487	2,487
087		P1x1	1.0	1,836	657	2,493	2,493
087		P1x2	5.0	12,462	2,903	15,364	3,073
087		P1x3	3.6	5,335	1,657	6,992	1,942
087		P1x4	6.0	7,028	1,673	8,701	1,450
088	Ethmoidectomy (MNRH)		1.0	1,646	680	2,326	2,326
088		P1x1	1.0	1,645	679	2,324	2,324
088		P1x2	2.0	2,409	1,126	3,535	1,767
088		P1x3	2.3	2,921	1,270	4,192	1,796
088		P1x4					

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
089	Dental Extraction Or Restoration (MNRH)		1.3	1,893	634	2,527	1,873
089		Pk1	1.3	1,869	629	2,498	1,882
089		Pk2	3.1	3,076	962	4,038	1,292
089		Pk3	1.7	3,694	946	4,639	2,784
089		Pk4	19.0	13,652	3,082	16,734	881
090	External And Middle Ear Procedures (MNRH)		1.0	1,649	655	2,304	2,304
090		Pk1	1.0	1,645	656	2,300	2,300
090		Pk2	10.0	5,614	1,976	7,590	759
090		Pk3	2.0	5,173	1,210	6,383	3,192
090		Pk4					
091	Nasal Procedures (MNRH)		1.0	1,413	561	1,973	1,973
091		Pk1	1.0	1,415	561	1,976	1,976
091		Pk2	4.0	9,293	2,435	11,728	2,932
091		Pk3					
091		Pk4					
092	Myringotomy (MNRH)		1.5	1,918	476	2,394	1,562
092		Pk1	1.5	1,806	445	2,252	1,539
092		Pk2	4.5	3,830	1,054	4,884	1,085
092		Pk3	2.8	3,995	1,030	5,025	1,795
092		Pk4					
093	Tonsillectomy And Adenoidectomy Procedures (MNRH)		1.0	1,551	443	1,995	1,995
093		Pk1	1.0	1,543	442	1,985	1,985
093		Pk2	5.6	8,855	2,082	10,938	1,948
093		Pk3	1.3	3,081	697	3,777	3,022
093		Pk4	9.0	25,791	5,098	30,889	3,432
100	ENT Malignancy		10.7	8,118	2,076	10,195	952
100		Pk1	6.7	5,235	1,410	6,646	998
100		Pk2	14.4	9,351	2,493	11,845	825
100		Pk3	21.9	14,386	3,511	17,897	817
100		Pk4	19.4	27,831	5,741	33,571	1,730

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
101	Acute Suppurative Infections		2.8	2,206	650	2,856	1,010
101		P1x1	2.8	2,206	650	2,856	1,010
101		P1x2	3.0	1,697	546	2,244	748
101		P1x3					
101		P1x4					
102	Dysequilibrium		3.7	2,077	557	2,634	717
102		P1x1	3.3	1,881	500	2,381	730
102		P1x2	6.0	3,271	872	4,143	696
102		P1x3	8.0	4,491	1,200	5,691	711
102		P1x4	8.5	4,341	1,166	5,507	648
104	Influenza		3.2	2,634	739	3,373	1,038
104		P1x1	3.1	2,547	724	3,271	1,040
104		P1x2	4.6	4,248	1,076	5,324	1,157
104		P1x3	6.1	4,405	1,130	5,536	907
104		P1x4	21.7	27,756	6,876	34,632	1,595
107	Epiglottitis		3.2	3,842	880	4,722	1,460
107		P1x1	2.9	3,365	769	4,133	1,450
107		P1x2	2.0	3,765	914	4,679	2,340
107		P1x3	3.5	6,854	1,488	8,322	2,378
107		P1x4	8.0	13,243	2,904	16,147	2,018
108	Epistaxis		3.2	1,926	566	2,493	767
108		P1x1	3.1	1,812	538	2,349	758
108		P1x2	4.1	2,669	751	3,420	834
108		P1x3	10.3	6,272	1,681	7,953	773
108		P1x4	8.4	5,208	1,281	6,489	772
109	Other ENT Infections		3.3	2,398	712	3,110	936
109		P1x1	3.2	2,226	679	2,904	911
109		P1x2	4.6	4,188	1,009	5,197	1,141
109		P1x3	4.7	3,833	1,053	4,885	1,047
109		P1x4	14.0	14,864	3,703	18,567	1,326

Schedule 1 – Inpatient Cost Results

CMQ Code Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
			Direct Cost	Indirect Cost			
113 Sinusitis (MNRH)		2.8	2,092	674	2,766	988	70
113	Pix1	2.5	1,929	638	2,567	1,040	62
113	Pix2	6.7	3,670	1,061	4,731	705	7
113	Pix3	4.0	3,309	932	4,241	1,060	1
113	Pix4	6.5	4,255	1,459	5,714	879	2
114 Sore Throat (MNRH)		2.5	1,795	533	2,328	945	320
114	Pix1	2.4	1,748	508	2,256	932	308
114	Pix2	3.0	2,470	1,144	3,614	1,205	9
114	Pix3	4.4	4,751	1,148	5,899	1,341	5
114	Pix4	8.0	9,078	1,590	10,669	1,334	1
115 Miscellaneous ENT Diagnoses (MNRH)		1.0	1,370	391	1,760	1,760	197
115	Pix1	1.0	1,341	382	1,723	1,723	181
115	Pix2	7.6	6,579	1,610	8,189	1,084	45
115	Pix3	6.5	6,118	1,599	7,717	1,180	24
115	Pix4	13.4	16,080	3,429	19,508	1,461	14
116 Croup (MNRH)		1.4	1,400	439	1,839	1,272	267
116	Pix1	1.4	1,380	434	1,815	1,263	263
116	Pix2	1.8	2,385	601	2,986	1,659	5
116	Pix3	3.7	5,422	1,178	6,600	1,800	3
116	Pix4	10.3	25,618	4,894	30,512	2,977	4
125 Tracheostomy		49.5	95,357	21,087	116,444	2,351	253
125	Pix1	8.2	10,165	2,428	12,593	1,537	21
125	Pix2	12.0	15,431	4,428	19,860	1,655	3
125	Pix3	19.6	40,276	8,649	48,924	2,493	8
125	Pix4	54.1	104,508	23,101	127,609	2,361	253
126 PWS - Resection Of Lung		7.2	9,098	2,460	11,558	1,612	809
126	Pix1	6.4	8,033	2,232	10,265	1,604	591
126	Pix2	9.5	10,793	2,863	13,656	1,443	139
126	Pix3	12.1	13,947	3,571	17,518	1,451	68
126	Pix4	16.4	24,483	5,590	30,073	1,834	38

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
127	Major Respiratory Procedures		10.7	11,110	2,725	13,835	1,290
127		P1x1	7.9	7,206	1,916	9,121	1,150
127		P1x2	13.1	10,356	2,714	13,070	997
127		P1x3	14.9	12,701	3,272	15,973	1,074
127		P1x4	19.2	34,387	6,994	41,381	2,155
128	Minor Respiratory Procedures		5.5	6,444	1,572	8,016	1,468
128		P1x1	4.5	5,652	1,384	7,036	1,559
128		P1x2	6.5	6,513	1,784	8,297	1,282
128		P1x3	10.3	9,713	2,338	12,051	1,169
128		P1x4	27.8	54,702	12,217	66,919	2,409
129	Other Respiratory Procedures		3.2	3,655	914	4,569	1,434
129		P1x1	1.4	2,548	618	3,166	2,292
129		P1x2	11.0	7,415	1,979	9,394	856
129		P1x3	16.4	9,152	2,617	11,769	718
129		P1x4	18.8	19,793	5,073	24,866	1,324
135	Tuberculosis		18.5	9,759	2,605	12,363	688
135		P1x1	16.1	8,154	2,204	10,358	645
135		P1x2	20.7	10,964	2,825	13,789	667
135		P1x3	21.5	13,427	3,262	16,689	776
135		P1x4	37.8	21,008	6,071	27,079	716
136	Respiratory Failure		9.5	11,517	2,656	14,173	1,487
136		P1x1	7.2	6,608	1,625	8,233	1,146
136		P1x2	7.7	7,379	1,823	9,202	1,195
136		P1x3	10.6	9,949	2,445	12,393	1,172
136		P1x4	14.6	23,290	5,098	28,388	1,942
137	Respiratory Infections And Inflammations		9.4	8,217	2,120	10,337	1,100
137		P1x1	7.7	5,546	1,511	7,057	991
137		P1x2	10.9	7,960	2,159	10,118	932
137		P1x3	12.0	9,724	2,555	12,279	1,022
137		P1x4	16.6	20,289	4,846	25,135	1,516

Schedule 1 – Inpatient Cost Results

CNG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
138	Respiratory Neoplasms		10.8	6,569	1,824	8,392	778
138		Pix1	8.2	4,919	1,371	6,290	767
138		Pix2	12.7	7,252	2,053	9,305	735
138		Pix3	12.7	7,804	2,210	10,014	786
138		Pix4	17.6	12,358	3,190	15,548	885
139	Interstitial Disease		8.6	5,952	1,584	7,536	879
139		Pix1	6.4	3,846	1,039	4,885	763
139		Pix2	13.3	7,689	2,145	9,835	737
139		Pix3	11.8	7,662	2,099	9,761	826
139		Pix4	25.0	22,818	5,821	28,639	1,146
140	Chronic Obstructive Pulmonary Disease (COPD)		8.5	5,264	1,493	6,757	791
140		Pix1	6.6	3,456	1,004	4,460	672
140		Pix2	10.7	5,717	1,702	7,419	691
140		Pix3	10.7	6,718	1,925	8,642	808
140		Pix4	17.2	14,402	3,912	18,314	1,064
141	Pulmonary Edema		7.3	10,123	2,219	12,342	1,692
141		Pix1	4.4	3,634	938	4,572	1,042
141		Pix2	7.7	5,111	1,370	6,481	842
141		Pix3	9.6	8,177	1,996	10,173	1,055
141		Pix4	16.0	32,861	6,492	39,353	2,457
142	Chronic Bronchitis		6.9	4,059	1,132	5,191	755
142		Pix1	5.8	3,043	878	3,921	680
142		Pix2	9.4	5,269	1,504	6,774	722
142		Pix3	10.0	6,886	1,833	8,719	872
142		Pix4	15.8	14,085	3,635	17,719	1,124
143	Simple Pneumonia And Pleurisy		6.0	4,226	1,160	5,386	892
143		Pix1	4.7	2,930	853	3,782	810
143		Pix2	9.3	5,600	1,582	7,181	775
143		Pix3	9.6	7,107	1,852	8,959	930
143		Pix4	14.0	16,709	3,907	20,616	1,477

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
144	Pneumothorax		4.6	2,896	814	3,710	801
144		P1x1	4.2	2,586	725	3,311	787
144		P1x2	9.8	6,186	1,857	8,044	817
144		P1x3	13.0	9,954	2,496	12,451	958
144		P1x4	16.8	17,751	4,879	22,631	1,351
145	Tracheobronchitis		3.2	2,804	859	3,663	1,156
145		P1x1	3.1	2,696	841	3,537	1,146
145		P1x2	6.5	5,705	1,409	7,115	1,097
145		P1x3	8.3	8,920	2,141	11,061	1,326
145		P1x4	14.5	41,839	7,783	49,622	3,422
146	Asthma		2.4	1,977	593	2,570	1,074
146		P1x1	2.4	1,899	581	2,480	1,053
146		P1x2	5.3	4,754	1,182	5,937	1,121
146		P1x3	6.0	7,986	1,630	9,616	1,603
146		P1x4	9.8	24,496	4,450	28,946	2,960
147	Other Respiratory Diagnoses		4.3	3,713	941	4,654	1,086
147		P1x1	3.5	2,796	737	3,533	1,015
147		P1x2	5.8	4,555	1,172	5,727	985
147		P1x3	8.8	7,057	1,817	8,874	1,006
147		P1x4	14.0	20,914	4,427	25,341	1,812
175	PWS - Heart Or Lung Transplant		36.3	76,440	17,279	93,719	2,580
175		P1x1	15.7	37,245	8,938	46,183	2,943
175		P1x2	17.5	39,878	9,458	49,336	2,825
175		P1x3	10.9	34,029	8,358	42,388	3,904
175		P1x4	48.7	102,880	23,065	125,945	2,586
176	PWS - Cardiac Valve Replacement With Heart Pump With Cardiac Cath		24.9	40,197	7,613	47,810	1,922
176		P1x1	18.1	26,069	5,104	31,174	1,727
176		P1x2	23.1	30,361	6,163	36,524	1,582
176		P1x3	28.5	35,227	7,530	42,757	1,498
176		P1x4	33.2	69,207	12,290	81,497	2,452

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Costs
				Direct	Cost			
177	PWS - Cardiac Valve Replacement With Heart Pump Without Cardiac Cath		8.9	20,929	4,139	25,068	2,824	984
177		P1x1	6.9	17,021	3,380	20,401	2,938	599
177		P1x2	9.6	21,385	4,238	25,622	2,669	157
177		P1x3	13.6	26,365	5,433	31,798	2,345	91
177		P1x4	20.3	47,823	9,196	57,019	2,811	152
178	PWS - Coronary Bypass With Heart Pump With Cardiac Cath		17.8	26,682	5,770	32,452	1,824	565
178		P1x1	15.9	20,973	4,729	25,702	1,617	160
178		P1x2	16.9	22,870	5,137	28,007	1,655	213
178		P1x3	19.3	25,781	5,722	31,503	1,632	96
178		P1x4	23.6	50,047	9,732	59,780	2,537	102
179	PWS - Coronary Bypass With Heart Pump Without Cardiac Cath		7.8	14,549	3,409	17,958	2,307	2,542
179		P1x1	6.6	12,464	3,049	15,513	2,363	1,511
179		P1x2	8.7	15,171	3,503	18,675	2,148	601
179		P1x3	10.5	18,980	4,224	23,204	2,214	246
179		P1x4	17.0	37,296	7,644	44,940	2,642	240
181	PWS - Other Cardio-Thoracic Procedures With Heart Pump With Cardiac Cath		22.3	54,780	10,440	65,220	2,922	50
181		P1x1	10.7	18,657	3,456	22,113	2,073	6
181		P1x2	16.9	20,972	4,670	25,642	1,516	12
181		P1x3	17.6	21,709	5,214	26,923	1,530	5
181		P1x4	29.2	83,828	15,693	99,520	3,408	30
182	PWS - Other Cardio-Thoracic Procedures With Heart Pump Without Cardiac Cath		8.0	20,142	4,264	24,406	3,042	555
182		P1x1	6.0	13,963	3,142	17,106	2,843	306
182		P1x2	7.5	18,337	3,869	22,206	2,975	97
182		P1x3	10.1	21,209	4,685	25,894	2,572	45
182		P1x4	17.6	48,881	9,716	58,597	3,326	128
183	PWS - Major Cardio-Thoracic Procedures Without Heart Pump With Cardiac Cath		9.2	18,395	3,806	22,201	2,411	245
183		P1x1	5.2	11,361	2,007	13,368	2,550	74
183		P1x2	7.7	15,410	2,955	18,365	2,381	49
183		P1x3	8.5	19,068	4,422	23,490	2,772	40
183		P1x4	15.4	28,527	6,198	34,725	2,260	82

Schedule 1 – Inpatient Cost Results

CMG	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases	
184	PWS - Major Cardio-Thoracic Procedures Without Heart Pump Without Cardiac Cath		10.8	14,519	3,109	17,628	166	
184		P1x1	6.1	10,193	2,054	12,246	77	
184		P1x2	10.3	12,648	2,795	15,443	31	
184		P1x3	14.8	14,296	3,250	17,546	26	
184		P1x4	25.8	33,844	7,602	41,446	33	
185	Permanent Pacemaker Implant For Specified Cardiac Conditions		11.0	36,247	5,027	41,275	359	
185		P1x1	8.0	32,381	4,369	36,750	166	
185		P1x2	11.9	34,988	4,788	39,775	104	
185		P1x3	14.3	42,647	5,992	48,640	62	
185	Permanent Pacemaker Implant Without Specified Cardiac Conditions		25.7	54,943	9,046	63,989	33	
186		P1x4	5.4	15,969	2,581	18,550	1,056	
186		P1x1	4.1	14,092	2,245	16,337	810	
186		P1x2	9.1	20,121	3,429	23,550	134	
186			10.1	24,297	4,054	28,351	94	
186		P1x3	20.3	33,030	6,179	39,209	29	
188		PWS - Percutaneous Transluminal Coronary Angioplasty W Complicating Card Conditions		5.3	9,694	1,995	11,689	2,211
188			P1x1	4.7	9,063	1,824	10,887	2,339
188	P1x2		6.4	10,396	2,206	12,602	1,956	
188	P1x3		8.0	12,436	2,734	15,169	1,898	
188			12.8	20,672	4,903	25,575	130	
189		PWS - Percutaneous Transluminal Coronary Angioplasty W/O Complic Cardiac Conditions		1.8	6,701	1,226	7,927	4,515
189			P1x1	1.0	6,069	1,149	7,218	1,316
189			P1x2	3.1	7,486	1,421	8,907	2,890
189	P1x3		5.6	10,586	2,037	12,623	2,255	
189			15.2	25,228	5,339	30,567	20	
191		Temporary Cardiac Pacemaker		5.7	9,704	1,864	11,568	2,037
191			P1x1	4.7	5,168	1,139	6,306	1,344
191			P1x2	5.8	7,881	1,769	9,651	1,678
191	P1x3		9.8	9,876	2,397	12,272	1,252	
191			7.3	17,759	3,150	20,909	2,884	
191		P1x4						

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
193	Cardiac Pacemaker Device Replacement Or Revision		3.7	10,921	1,310	12,231	95
193		P1x1	1.8	9,476	1,004	10,480	63
193		P1x2	11.5	23,128	3,431	26,559	10
193		P1x3	10.0	17,875	2,826	20,702	5
193		P1x4	24.0	31,838	6,583	38,421	5
194	PWS - Minor Cardio-Thoracic Procedures Without Heart Pump		2.3	6,075	1,221	7,296	446
194		P1x1	1.3	5,283	1,019	6,302	350
194		P1x2	8.4	11,768	2,761	14,528	33
194		P1x3	4.9	9,813	2,147	11,960	14
194		P1x4	14.3	21,014	4,320	25,334	7
200	AMI, Unstable Angina Or Cardiac Cath With Shock Or Pulmonary Embolism		8.3	11,168	2,708	13,876	142
200		P1x1	3.9	5,127	1,215	6,341	36
200		P1x2	7.2	8,866	2,248	11,113	23
200		P1x3	8.7	9,087	2,371	11,458	35
200		P1x4	13.0	20,135	4,955	25,090	48
201	AMI With Cardiac Cath With Congestive Heart Failure		12.0	11,430	3,202	14,631	149
201		P1x1	10.8	9,559	2,615	12,174	89
201		P1x2	13.1	12,019	3,362	15,380	32
201		P1x3	10.1	11,696	3,243	14,939	13
201		P1x4	22.2	25,608	7,382	32,989	18
202	AMI With Cardiac Cath With Ventricular Tachycardia		8.7	8,381	2,144	10,525	15
202		P1x1	8.0	7,422	1,950	9,371	10
202		P1x2	5.0	4,732	1,534	6,266	1
202		P1x3	9.0	9,090	2,696	11,786	4
202		P1x4	13.0	14,241	3,140	17,382	3
203	AMI With Cardiac Cath With Angina		7.4	5,859	1,700	7,559	45
203		P1x1	6.9	5,533	1,629	7,162	40
203		P1x2	13.0	8,884	2,381	11,265	5
203		P1x3	6.0	5,897	1,285	7,182	3
203		P1x4	4.0	4,997	1,070	6,066	1

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
204	AMI With Cardiac Cath Without Specified Cardiac Conditions		8.0	6,688	1,731	8,419	1,052
204		P1x1	7.4	6,124	1,576	7,700	1,045
204		P1x2	11.2	8,733	2,268	11,001	979
204		P1x3	10.2	9,517	2,618	12,135	1,191
204		P1x4	15.7	17,837	4,740	22,577	1,441
205	AMI Without Cardiac Cath With Congestive Heart Failure		9.1	7,439	2,032	9,471	1,046
205		P1x1	7.7	5,815	1,631	7,446	969
205		P1x2	10.0	7,616	2,099	9,715	971
205		P1x3	9.4	7,588	2,026	9,614	1,020
205		P1x4	14.8	14,616	3,801	18,417	1,245
206	AMI Without Cardiac Cath With Ventricular Tachycardia		5.4	4,627	1,270	5,898	1,096
206		P1x1	4.5	3,754	1,027	4,782	1,068
206		P1x2	8.3	6,000	1,716	7,716	935
206		P1x3	4.0	5,347	1,453	6,800	1,700
206		P1x4	10.4	9,933	2,614	12,546	1,206
207	AMI Without Cardiac Cath With Angina		7.2	6,017	1,555	7,572	1,057
207		P1x1	6.2	4,873	1,233	6,106	986
207		P1x2	10.8	12,204	3,563	15,767	1,460
207		P1x3	9.6	6,262	1,644	7,906	824
207		P1x4	12.0	10,643	2,441	13,084	1,090
208	AMI Without Cardiac Cath Without Specified Cardiac Conditions		4.9	4,404	1,110	5,514	1,133
208		P1x1	4.6	3,982	1,004	4,986	1,096
208		P1x2	8.1	6,680	1,764	8,444	1,046
208		P1x3	6.8	5,857	1,486	7,343	1,082
208		P1x4	9.8	11,262	2,789	14,051	1,437
210	Unstable Angina With Cardiac Cath With Specified Cardiac Conditions		9.6	8,037	2,116	10,153	1,053
210		P1x1	8.1	6,866	1,728	8,594	1,062
210		P1x2	15.4	10,609	2,718	13,327	865
210		P1x3	16.0	14,223	3,721	17,944	1,121
210		P1x4	16.5	14,457	4,688	19,145	1,160

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Cost			
211	Unstable Angina With Cardiac Cath Without Specified Cardiac Conditions		7.3	5,308	1,380	6,687	917	332
211		P1x1	7.2	5,231	1,359	6,590	918	312
211		P1x2	9.7	6,687	1,724	8,410	870	15
211		P1x3	11.2	8,488	2,416	10,905	977	6
211		P1x4	19.7	14,781	3,564	18,345	933	3
212	Unstable Angina Without Cardiac Cath With Specified Cardiac Conditions		7.3	5,853	1,496	7,349	1,007	80
212		P1x1	6.1	5,298	1,352	6,649	1,094	62
212		P1x2	9.6	6,321	1,750	8,071	845	9
212		P1x3	13.2	9,708	2,244	11,952	905	5
212		P1x4	20.3	12,976	3,458	16,434	810	7
213	Unstable Angina Without Cardiac Cath Without Specified Cardiac Conditions		3.6	2,698	696	3,394	940	704
213		P1x1	3.5	2,619	675	3,294	935	657
213		P1x2	4.9	3,732	951	4,683	963	37
213		P1x3	12.2	7,392	2,373	9,765	803	13
213		P1x4	7.2	6,853	1,622	8,476	1,183	6
215	Cardiac Cath With Congestive Heart Failure		12.4	9,340	2,546	11,886	958	448
215		P1x1	10.8	7,625	2,100	9,725	901	320
215		P1x2	15.1	10,696	2,815	13,512	893	52
215		P1x3	15.5	12,531	3,372	15,902	1,023	48
215		P1x4	24.4	23,252	6,309	29,561	1,211	34
216	Cardiac Cath With Ventricular Tachycardia		9.4	7,275	2,026	9,301	994	244
216		P1x1	8.7	6,508	1,818	8,326	960	215
216		P1x2	10.8	9,842	2,536	12,379	1,152	8
216		P1x3	13.3	9,943	2,644	12,587	944	12
216		P1x4	15.2	17,261	4,932	22,193	1,463	6
217	Cardiac Cath With Unstable Angina		7.0	4,797	1,358	6,156	873	304
217		P1x1	6.9	4,685	1,325	6,010	868	290
217		P1x2	9.1	6,474	1,784	8,258	905	8
217		P1x3	13.7	9,639	3,092	12,731	932	6
217		P1x4	10.8	9,209	2,522	11,731	1,086	5

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
218	Cardiac Cath Without Specified Cardiac Conditions		4.8	3,988	981	4,969	1,026
218		P1x1	4.7	3,863	949	4,812	1,020
218		P1x2	7.6	6,574	1,699	8,273	1,091
218		P1x3	10.3	8,899	2,154	11,053	1,074
218		P1x4	15.9	13,069	3,381	16,450	1,034
219	Endocarditis		15.7	11,886	3,172	15,058	960
219		P1x1	12.6	7,262	2,023	9,285	735
219		P1x2	11.9	8,367	2,556	10,923	916
219		P1x3	15.2	13,363	3,790	17,153	1,127
219		P1x4	27.4	25,211	6,520	31,731	1,158
220	Pulmonary Embolism		6.9	4,327	1,156	5,483	799
220		P1x1	5.8	3,447	934	4,381	753
220		P1x2	7.7	4,602	1,242	5,844	756
220		P1x3	12.3	8,008	2,135	10,143	822
220		P1x4	13.1	13,755	3,332	17,088	1,302
222	Heart Failure		8.8	5,278	1,506	6,785	770
222		P1x1	7.2	4,082	1,177	5,258	728
222		P1x2	11.2	6,150	1,803	7,953	710
222		P1x3	14.1	7,978	2,368	10,345	733
222		P1x4	19.3	14,311	3,844	18,154	940
225	Hypertensive Heart Disease		9.2	5,476	1,630	7,106	773
225		P1x1	6.3	3,865	1,137	5,002	800
225		P1x2	7.8	4,011	1,302	5,313	682
225		P1x3	17.1	11,289	3,002	14,291	835
225		P1x4	22.2	15,669	4,261	19,930	898
226	Other Circulatory Diagnoses		5.6	4,595	1,161	5,756	1,032
226		P1x1	4.5	3,365	869	4,234	941
226		P1x2	7.8	6,208	1,549	7,757	994
226		P1x3	10.7	8,235	2,184	10,419	977
226		P1x4	14.4	18,133	4,298	22,431	1,557

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost		Average Indirect Cost		Average Cost per Day	Costed Cases
				Cost	LOS	Cost	LOS		
229	Atherosclerosis (MNRH)		5.2	3,801	1,019	4,819	922	639	
229		Pix1	4.1	2,868	757	3,625	880	477	
229		Pix2	9.0	6,284	1,744	8,028	894	97	
229		Pix3	13.3	9,070	2,592	11,662	874	53	
229		Pix4	19.2	17,824	4,689	22,513	1,172	34	
232	Acquired Valvular Disorders (MNRH)		7.0	4,870	1,353	6,223	884	126	
232		Pix1	6.0	3,955	1,085	5,040	838	83	
232		Pix2	7.6	5,140	1,469	6,609	867	29	
232		Pix3	22.8	13,580	3,955	17,536	771	12	
232		Pix4	22.8	20,702	5,626	26,328	1,157	8	
233	Hypertension (MNRH)		4.2	2,745	712	3,457	814	231	
233		Pix1	4.1	2,503	660	3,163	776	194	
233		Pix2	6.0	4,285	1,066	5,351	897	28	
233		Pix3	7.4	5,549	1,467	7,016	953	11	
233		Pix4	12.2	7,050	1,798	8,848	725	5	
234	Congenital Cardiac Disorders (MNRH)		6.4	9,702	2,056	11,758	1,831	45	
234		Pix1	3.7	5,672	1,272	6,944	1,873	24	
234		Pix2	5.1	5,019	1,206	6,225	1,218	9	
234		Pix3	11.0	14,693	3,421	18,113	1,647	5	
234		Pix4	15.5	36,455	7,088	43,543	2,809	6	
235	Angina Pectoris		3.3	2,170	563	2,733	838	117	
235		Pix1	3.2	2,132	550	2,682	843	170	
235		Pix2	6.6	3,721	1,090	4,810	732	7	
235		Pix3	11.4	5,157	1,908	7,065	620	5	
235		Pix4	11.0	7,110	1,746	8,857	805	1	
237	Arrhythmia		4.7	3,404	892	4,295	906	1,945	
237		Pix1	4.0	2,877	744	3,621	910	1,480	
237		Pix2	7.6	4,856	1,352	6,209	817	338	
237		Pix3	9.9	7,176	1,901	9,078	913	126	
237		Pix4	19.6	14,701	4,051	18,752	956	53	

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
240	Syncope And Collapse		4.1	2,640	690	3,330	807
240		Pix1	3.9	2,473	644	3,117	806
240		Pix2	8.7	4,979	1,416	6,395	736
240		Pix3	9.3	5,314	1,486	6,800	731
240		Pix4	12.4	8,797	2,407	11,204	904
242	Chest Pain		2.6	1,880	463	2,344	916
242		Pix1	2.5	1,859	457	2,316	917
242		Pix2	4.8	3,108	856	3,963	831
242		Pix3	7.6	4,916	1,380	6,296	830
242		Pix4	14.4	7,930	2,123	10,053	698
250	Extensive Gastrointestinal Procedures		14.4	18,344	5,146	23,490	1,626
250		Pix1	10.9	13,481	4,103	17,584	1,613
250		Pix2	13.6	16,335	4,978	21,314	1,567
250		Pix3	18.7	24,914	6,106	31,020	1,662
250		Pix4	25.3	34,874	8,670	43,545	1,725
251	Gastrostomy And Colostomy Procedures		15.7	16,403	4,400	20,804	1,321
251		Pix1	10.5	9,910	2,855	12,765	1,213
251		Pix2	15.9	14,677	4,260	18,936	1,189
251		Pix3	19.2	17,996	4,816	22,812	1,187
251		Pix4	34.7	44,038	10,723	54,761	1,576
252	Major Esophageal, Stomach And Duodenum Procedures		13.0	13,552	3,643	17,195	1,318
252		Pix1	10.5	10,115	2,877	12,992	1,243
252		Pix2	13.9	15,207	3,808	19,015	1,364
252		Pix3	15.4	17,695	4,457	22,152	1,442
252		Pix4	31.6	40,364	10,189	50,553	1,599
253	Major Intestinal And Rectal Procedures		10.5	9,973	2,773	12,745	1,218
253		Pix1	8.7	7,914	2,291	10,205	1,168
253		Pix2	14.1	12,400	3,517	15,917	1,126
253		Pix3	13.6	12,509	3,445	15,953	1,173
253		Pix4	22.2	27,316	6,585	33,901	1,527

Schedule 1 – Inpatient Cost Results

C-MG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Gross
				Direct Cost	Indirect Cost			
255	Less Extensive Esophageal, Stomach And Duodenum Procedures		6.3	6,650	1,853	8,503	1,348	1,081
255		Pix1	5.7	5,964	1,690	7,654	1,339	894
255		Pix2	8.1	8,549	2,344	10,893	1,348	76
255		Pix3	10.7	9,659	2,738	12,397	1,154	75
255		Pix4	17.7	23,939	5,658	29,597	1,668	71
258	Laparotomy		7.7	6,830	1,940	8,770	1,132	1,050
258		Pix1	6.5	5,569	1,631	7,200	1,111	798
258		Pix2	12.0	9,779	2,716	12,495	1,040	105
258		Pix3	12.3	10,990	3,139	14,129	1,149	82
258		Pix4	18.1	19,996	5,136	25,131	1,386	71
260	Less Extensive Intestinal And Rectal Procedures		2.9	2,571	790	3,361	1,146	323
260		Pix1	2.9	2,476	770	3,245	1,136	306
260		Pix2	5.3	4,770	1,360	6,130	1,168	12
260		Pix3	7.8	6,814	2,125	8,939	1,153	8
260		Pix4	32.0	31,929	9,353	41,282	1,290	5
261	Complicated Appendectomy		4.7	4,375	1,287	5,661	1,198	1,164
261		Pix1	4.2	3,908	1,159	5,067	1,212	1,000
261		Pix2	8.3	7,581	2,069	9,650	1,168	57
261		Pix3	7.4	6,866	2,015	8,882	1,202	64
261		Pix4	9.1	9,449	2,649	12,099	1,326	24
262	Simple Appendectomy		2.2	2,447	720	3,168	1,436	2,885
262		Pix1	2.2	2,422	714	3,136	1,430	2,852
262		Pix2	4.2	3,863	1,088	4,951	1,171	22
262		Pix3	5.5	6,526	1,760	8,286	1,496	26
262		Pix4	10.7	9,359	2,441	11,800	1,100	11
264	Minor Gastrointestinal Procedures		3.1	4,202	1,152	5,354	1,748	126
264		Pix1	2.9	4,075	1,121	5,196	1,769	112
264		Pix2	5.6	5,328	1,540	6,868	1,226	10
264		Pix3	10.2	10,268	2,926	13,194	1,294	10
264		Pix4	12.8	30,118	6,824	36,942	2,886	5

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Indirect Cost			
265	Abdominal Laparoscopy		2.8	2,752	816	3,568	1,259	96
265		Pix1	2.8	2,684	804	3,488	1,245	86
265		Pix2	2.5	1,755	609	2,364	946	4
265		Pix3	6.2	6,148	1,725	7,872	1,270	5
265		Pix4	3.7	4,407	1,118	5,525	1,507	3
266	Anus And Stomal Procedures (MNRH)		2.3	2,125	674	2,799	1,230	792
266		Pix1	2.2	2,101	669	2,771	1,241	770
266		Pix2	5.7	4,105	1,190	5,295	923	23
266		Pix3	10.4	7,271	2,138	9,409	904	17
266		Pix4	36.8	33,500	8,636	42,136	1,144	11
269	Bilateral Hernia Procedures		2.3	2,648	856	3,504	1,509	2,009
269		Pix1	2.2	2,587	839	3,425	1,529	1,937
269		Pix2	5.6	5,356	1,615	6,971	1,237	60
269		Pix3	6.3	5,900	1,837	7,737	1,228	33
269		Pix4	11.8	17,010	4,255	21,265	1,795	13
271	Unilateral Hernia Procedures (MNRH)		1.7	1,996	610	2,607	1,498	446
271		Pix1	1.7	1,971	602	2,572	1,522	430
271		Pix2	6.2	4,652	1,411	6,063	985	19
271		Pix3	4.9	5,759	1,777	7,537	1,546	8
271		Pix4	20.0	22,803	6,380	29,183	1,459	6
279	Digestive System Malignancy		9.4	5,523	1,560	7,083	750	786
279		Pix1	7.3	4,212	1,182	5,394	735	504
279		Pix2	11.3	6,510	1,877	8,387	745	136
279		Pix3	14.0	7,873	2,303	10,176	728	86
279		Pix4	19.2	12,374	3,389	15,763	822	61
281	G.I. Hemorrhage		4.6	3,149	857	4,006	874	2,391
281		Pix1	4.0	2,602	720	3,322	832	1,956
281		Pix2	7.9	5,292	1,450	6,742	853	210
281		Pix3	9.2	6,338	1,725	8,063	874	156
281		Pix4	12.2	12,135	3,004	15,139	1,237	111

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Indirect Cost			
285	Complicated Ulcer		5.5	3,272	929	4,201	758	176
285		Pk1	4.9	2,797	793	3,590	732	143
285		Pk2	13.1	7,566	2,028	9,594	734	15
285		Pk3	12.4	6,976	2,161	9,137	740	20
285		Pk4	12.2	9,551	2,636	12,187	997	9
286	Uncomplicated Ulcer		4.0	2,549	704	3,253	804	171
286		Pk1	3.9	2,477	679	3,156	814	155
286		Pk2	6.1	3,675	1,118	4,793	786	10
286		Pk3	8.9	5,066	1,314	6,380	719	8
286		Pk4	13.4	9,177	2,789	11,965	893	5
289	Inflammatory Bowel Disease		5.4	3,034	837	3,871	712	858
289		Pk1	5.4	2,999	834	3,833	709	786
289		Pk2	9.3	4,952	1,400	6,353	680	32
289		Pk3	7.9	4,511	1,260	5,771	733	54
289		Pk4	19.2	10,288	3,027	13,315	693	10
290	G.I. Obstruction		4.4	2,469	732	3,201	728	1,899
290		Pk1	4.0	2,178	652	2,830	716	1,894
290		Pk2	7.0	4,220	1,243	5,464	778	88
290		Pk3	9.8	5,611	1,685	7,296	748	62
290		Pk4	14.7	9,996	2,718	12,715	865	41
294	Esophagitis, Gastroenteritis And Miscellaneous Digestive Disease		3.8	2,314	665	2,979	786	7,278
294		Pk1	3.3	2,032	588	2,620	789	6,311
294		Pk2	6.6	3,984	1,117	5,102	775	473
294		Pk3	7.3	4,420	1,248	5,668	777	303
294		Pk4	15.8	11,285	3,116	14,401	913	152
297	Other G.I. Diagnoses		4.4	2,862	818	3,679	827	1,974
297		Pk1	3.8	2,333	681	3,014	797	1,854
297		Pk2	8.9	5,499	1,561	7,059	793	137
297		Pk3	9.2	6,098	1,779	7,877	859	128
297		Pk4	13.6	12,516	3,025	15,541	1,141	78

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Direct Cost	Cost per Day	Costed Cases
				LOS	Cost				
310	PWS - Liver Transplant		27.0	52,889	13,919	66,808	2,478	119	
310		Pix1	12.8	26,945	7,611	34,556	2,710	20	
310		Pix2	14.0	27,896	7,741	35,437	2,531	8	
310		Pix3	17.0	32,886	9,439	42,325	2,490	12	
310		Pix4	33.4	65,047	16,822	81,869	2,453	79	
311	Major Pancreatic Procedures		16.0	18,595	4,894	23,489	1,464	337	
311		Pix1	11.4	12,862	3,647	16,509	1,442	170	
311		Pix2	15.4	15,852	4,132	19,984	1,301	59	
311		Pix3	23.1	23,557	5,978	29,535	1,280	39	
311		Pix4	34.3	42,223	10,518	52,742	1,536	81	
312	Major Hepatobiliary Procedures		9.3	13,000	3,287	16,286	1,753	306	
312		Pix1	8.0	10,712	2,901	13,614	1,712	221	
312		Pix2	10.3	13,356	3,191	16,547	1,606	33	
312		Pix3	14.0	16,353	4,011	20,364	1,455	23	
312		Pix4	24.4	40,170	8,992	49,161	2,018	41	
313	Common Duct Exploration		15.1	11,021	2,975	13,996	928	51	
313		Pix1	9.9	7,183	1,971	9,154	923	26	
313		Pix2	14.3	12,175	3,064	15,238	1,067	7	
313		Pix3	21.5	16,350	4,080	20,430	948	11	
313		Pix4	18.6	15,946	4,265	20,211	1,087	5	
314	Other Hepatobiliary And Pancreatic Procedures		8.9	8,994	2,276	11,270	1,261	267	
314		Pix1	7.3	6,768	1,753	8,521	1,165	181	
314		Pix2	10.5	8,707	2,285	10,992	1,048	39	
314		Pix3	15.4	16,704	4,184	20,888	1,356	27	
314		Pix4	22.9	25,303	6,139	31,442	1,375	31	
315	Cholecystectomy		7.5	7,054	2,069	9,123	1,209	412	
315		Pix1	6.3	5,976	1,765	7,742	1,220	273	
315		Pix2	8.6	7,617	2,350	9,967	1,163	82	
315		Pix3	13.1	11,634	3,249	14,883	1,136	39	
315		Pix4	21.2	21,141	5,618	26,759	1,262	25	

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost		Average Indirect Cost		Cost per Day	Costed Cases
				Cost	LOS	Cost	LOS		
317	Laparoscopic Cholecystectomy		2.9	3,156		927		4,083	1,824
317		Plx1	2.7	2,988		882		3,870	1,576
317		Plx2	5.5	4,689		1,369		6,057	272
317		Plx3	8.6	6,980		2,035		9,015	50
317		Plx4	12.0	10,080		2,827		12,907	29
320	Miscellaneous Hepatobiliary And Pancreatic Procedures		10.2	9,739		2,553		12,293	129
320		Plx1	7.4	6,098		1,671		7,769	82
320		Plx2	9.6	7,325		1,840		9,166	15
320		Plx3	13.9	11,775		3,166		14,940	10
320		Plx4	22.7	29,904		7,402		37,306	20
323	Cirrhosis And Alcoholic Hepatitis		9.3	6,340		1,689		8,029	462
323		Plx1	6.6	3,894		1,048		4,942	165
323		Plx2	7.9	4,393		1,274		5,667	134
323		Plx3	13.6	8,120		2,281		10,401	90
323		Plx4	17.9	16,896		4,143		21,039	84
324	Pancreatic Cancer Or Other Malignancy Of Hepatobiliary System		10.5	6,149		1,710		7,859	747
324		Plx1	8.8	4,983		1,377		6,360	364
324		Plx2	10.6	5,797		1,676		7,473	197
324		Plx3	12.7	8,159		2,192		10,352	108
324		Plx4	15.5	10,158		2,751		12,909	77
325	Pancreas Diseases Except Malignancy		5.1	2,899		839		3,738	1,747
325		Plx1	4.6	2,516		738		3,254	1,448
325		Plx2	7.8	4,649		1,299		5,949	195
325		Plx3	11.7	7,004		2,021		9,024	105
325		Plx4	16.3	16,994		4,285		21,279	70
326	Liver Diseases Except Cirrhosis Or Cancer		8.0	6,715		1,723		8,438	776
326		Plx1	5.5	3,581		977		4,558	394
326		Plx2	8.7	5,595		1,500		7,095	158
326		Plx3	11.0	7,345		1,952		9,298	87
326		Plx4	14.2	20,016		4,695		24,711	136

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct		Average Indirect		Average Cost	Cost per Day	Costed Cases
				Cost	Cost	Cost	Cost			
329	Biliary Tract Diseases		4.3	2,820		780		3,600	838	1,023
329		Pix1	3.6	2,295		654		2,949	811	779
329		Pix2	7.0	4,329		1,219		5,549	797	89
329		Pix3	6.0	4,352		1,134		5,486	914	113
329		Pix4	12.0	10,651		2,644		13,295	1,110	52
350	Multiple Or Bilateral Joint Replacement		9.6	13,168		2,748		15,917	1,662	113
350		Pix1	6.7	11,338		2,123		13,461	2,005	80
350		Pix2	9.2	14,018		2,419		16,438	1,793	6
350		Pix3	20.5	19,465		4,803		24,268	1,186	15
350		Pix4	43.1	36,309		9,220		45,529	1,057	13
351	Joint Replacement For Trauma		14.1	12,217		3,085		15,302	1,087	1,124
351		Pix1	11.2	9,943		2,499		12,443	1,106	718
351		Pix2	20.5	15,470		4,120		19,590	954	166
351		Pix3	18.0	15,392		3,857		19,250	1,069	105
351		Pix4	25.1	22,885		5,861		28,747	1,143	143
352	Hip Replacement		6.1	8,554		1,762		10,316	1,680	3,068
352		Pix1	5.8	8,282		1,678		9,960	1,725	2,731
352		Pix2	9.5	10,692		2,495		13,187	1,393	168
352		Pix3	9.5	11,690		2,678		14,367	1,512	99
352		Pix4	14.3	16,736		3,819		20,556	1,433	49
354	Knee Replacement		5.7	7,349		1,634		8,983	1,585	3,440
354		Pix1	5.6	7,263		1,610		8,873	1,595	3,230
354		Pix2	7.8	9,007		2,086		11,093	1,422	151
354		Pix3	9.9	10,303		2,405		12,708	1,280	88
354		Pix4	14.7	15,233		3,617		18,850	1,281	31
355	Reattachment Procedures Or Lower Extremity Or Shoulder Amputations		10.4	9,041		2,575		11,615	1,120	106
355		Pix1	6.6	5,651		1,679		7,330	1,108	62
355		Pix2	16.2	11,037		3,340		14,377	889	23
355		Pix3	17.6	13,643		3,709		17,352	983	17
355		Pix4	48.3	53,994		14,030		68,024	1,408	13

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
356	Repair Hip And Femur Procedures		6.2	7,446	1,938	9,385	1,504
356		Pix1	4.9	6,360	1,638	7,998	1,617
356		Pix2	13.3	12,911	3,551	16,462	1,238
356		Pix3	16.2	15,373	4,018	19,391	1,200
356		Pix4	26.2	19,420	5,377	24,797	946
358	Lower Extremity Procedures With Infection		9.3	7,671	2,215	9,885	1,059
358		Pix1	7.7	6,330	1,836	8,166	1,056
358		Pix2	12.5	9,384	2,921	12,305	984
358		Pix3	41.4	31,670	7,899	39,569	956
358		Pix4	27.1	20,775	5,720	26,495	978
359	Upper Extremity Procedures With Infection		7.1	6,086	1,797	7,882	1,112
359		Pix1	5.7	5,074	1,510	6,584	1,155
359		Pix2	16.0	13,448	4,733	18,181	1,136
359		Pix3	44.5	35,302	10,540	45,842	1,030
359		Pix4	18.3	13,784	3,992	17,775	970
360	Upper Extremity Amputations And Revisions		12.4	10,205	3,025	13,229	1,066
360		Pix1	7.3	6,169	1,854	8,024	1,105
360		Pix2	20.9	16,979	5,063	22,043	1,055
360		Pix3	23.0	22,045	6,108	28,153	1,224
360		Pix4	33.9	30,356	9,059	39,415	1,162
361	Musculoskeletal Biopsy For Malignancy		16.3	14,210	3,664	17,874	1,099
361		Pix1	12.7	11,580	2,972	14,552	1,143
361		Pix2	22.4	15,481	3,857	19,338	863
361		Pix3	32.8	22,924	7,454	30,377	926
361		Pix4	27.7	28,056	7,468	35,525	1,282
362	Musculoskeletal Biopsy Without Malignancy		14.5	10,034	2,610	12,644	874
362		Pix1	9.0	6,154	1,577	7,731	863
362		Pix2	21.2	11,606	3,272	14,878	702
362		Pix3	19.9	13,809	3,527	17,337	873
362		Pix4	42.4	52,722	11,594	64,316	1,515

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Cost			
363	Back And Neck Procedures With Fusion		5.2	9,883	2,051	11,934	2,281	1,512
363		P1x1	4.8	8,932	1,892	10,824	2,275	1,323
363		P1x2	8.4	14,926	2,965	17,891	2,119	113
363		P1x3	11.7	20,101	3,897	23,999	2,048	68
363		P1x4	23.2	44,117	8,496	52,613	2,271	48
365	Back And Neck Procedures Without Fusion		2.7	3,854	1,104	4,958	1,821	1,824
365		P1x1	2.4	3,563	1,047	4,611	1,903	1,697
365		P1x2	6.1	7,518	1,802	9,320	1,522	64
365		P1x3	9.2	9,317	2,294	11,612	1,257	21
365		P1x4	13.9	17,805	4,087	21,892	1,576	9
367	Shoulder Arthroplasty		3.3	6,867	1,318	8,185	2,493	187
367		P1x1	3.2	6,848	1,304	8,152	2,524	183
367		P1x2	8.4	9,086	2,294	11,380	1,355	5
367		P1x3	5.7	5,837	2,174	8,010	1,414	3
367		P1x4						
368	Major Hip And Knee Procedures		4.1	5,045	1,352	6,397	1,553	42
368		P1x1	4.0	4,853	1,309	6,162	1,540	41
368		P1x2	6.3	8,250	2,576	10,826	1,709	3
368		P1x3						
368		P1x4	25.0	19,613	4,881	24,494	980	1
369	Major Lower Extremity Procedures		3.0	4,688	1,250	5,939	1,956	601
369		P1x1	3.1	4,668	1,245	5,913	1,938	592
369		P1x2	6.9	8,619	2,324	10,944	1,575	19
369		P1x3	9.2	8,811	2,446	11,257	1,224	5
369		P1x4	44.0	32,038	13,730	45,768	1,040	1
372	Major Upper Extremity Procedures		2.0	3,918	1,034	4,952	2,422	315
372		P1x1	2.0	3,854	1,022	4,875	2,430	310
372		P1x2	6.8	11,021	2,643	13,665	2,010	5
372		P1x3	4.2	7,788	2,157	9,945	2,368	5
372		P1x4						

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average		Cost per Day	Costs
				Direct	Cost		Cost	per Day		
374	Minor Lower Extremity Procedures		1.9	3,139	863	4,002	2,080	787		
374		P1x1	1.9	3,130	861	3,991	2,081	781		
374		P1x2	5.8	6,595	1,718	8,313	1,439	9		
374		P1x3	8.8	9,384	2,484	11,869	1,349	5		
374		P1x4	10.7	13,942	3,894	17,836	1,672	3		
375	Minor Upper Extremity Procedures		1.0	2,306	644	2,951	2,951	497		
375		P1x1	1.0	2,306	644	2,950	2,950	496		
375		P1x2	6.2	5,753	1,633	7,387	1,198	6		
375		P1x3	3.5	3,505	1,384	4,889	1,397	2		
375		P1x4	54.0	66,752	15,095	81,846	1,516	2		
376	Miscellaneous Musculoskeletal Procedures		2.9	5,893	1,551	7,445	2,609	287		
376		P1x1	2.8	5,784	1,533	7,317	2,597	280		
376		P1x2	12.9	18,324	4,435	22,758	1,766	9		
376		P1x3	8.8	19,701	3,668	23,369	2,656	5		
376		P1x4	16.5	41,730	8,194	49,924	3,026	6		
377	Wound Debridement And Skin Graft For Musculoskeletal Disorders		6.1	7,234	2,017	9,251	1,516	317		
377		P1x1	4.3	5,319	1,478	6,797	1,596	260		
377		P1x2	14.5	14,167	4,268	18,434	1,275	22		
377		P1x3	11.8	14,604	4,090	18,694	1,586	19		
377		P1x4	44.3	57,980	14,591	72,570	1,637	21		
378	Soft Tissue Procedures (MNRH)		3.8	4,585	1,298	5,883	1,566	131		
378		P1x1	2.8	3,755	1,070	4,825	1,718	110		
378		P1x2	8.0	8,583	2,110	10,693	1,337	10		
378		P1x3	9.2	8,367	2,476	10,843	1,176	9		
378		P1x4	16.4	18,912	6,035	24,946	1,521	5		
379	Other Musculoskeletal Procedures (MNRH)		2.2	4,022	1,017	5,039	2,258	903		
379		P1x1	1.8	2,853	807	3,660	2,089	785		
379		P1x2	5.6	11,371	2,445	13,816	2,467	20		
379		P1x3	12.8	17,462	3,911	21,374	1,685	6		
379		P1x4	28.7	31,434	8,013	39,447	1,373	19		

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Cost			
380	Other Lower Extremity Procedures (MNRH)		1.0	1,258	440	1,697	1,697	495
380		Pix1	1.0	1,258	440	1,697	1,697	495
380		Pix2	4.2	4,639	1,460	6,099	1,452	5
380		Pix3						
380		Pix4						
381	Hand And Wrist Procedures (MNRH)		1.0	2,081	645	2,726	2,726	138
381		Pix1	1.0	2,081	645	2,726	2,726	138
381		Pix2	4.0	5,226	1,542	6,768	1,692	3
381		Pix3	84.0	36,830	13,372	50,201	598	2
381		Pix4	13.0	16,308	4,369	20,677	1,591	1
382	Arthroscopy (MNRH)		1.9	2,560	792	3,352	1,727	17
382		Pix1	1.4	1,742	580	2,322	1,711	14
382		Pix2	6.0	6,117	1,630	7,747	1,291	2
382		Pix3	10.0	12,674	3,784	16,458	1,646	2
382		Pix4	8.0	9,541	2,197	11,738	1,467	1
383	PWS - Joint Replacement For Malignancy		16.2	17,854	3,829	21,683	1,335	33
383		Pix1	14.0	13,606	3,150	16,756	1,197	19
383		Pix2	14.1	18,789	3,663	22,452	1,590	8
383		Pix3	31.4	28,190	6,036	34,226	1,090	5
383		Pix4	38.6	45,500	8,759	54,258	1,406	5
384	PWS - Back And Neck Procedures For Malignancy		17.4	20,933	4,821	25,754	1,480	37
384		Pix1	10.3	12,954	3,340	16,294	1,577	21
384		Pix2	19.4	27,224	5,302	32,525	1,677	5
384		Pix3	18.8	22,528	4,852	27,380	1,456	5
384		Pix4	47.8	66,771	16,883	83,654	1,750	5
385	PWS - Major Orthopaedic Oncology Procedures		9.6	14,758	3,789	18,547	1,941	27
385		Pix1	6.9	9,212	2,481	11,693	1,696	19
385		Pix2	8.4	8,115	2,290	10,405	1,239	5
385		Pix3	19.7	28,342	7,197	35,539	1,807	3
385		Pix4	27.0	49,342	12,695	62,037	2,298	5

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
386	Other Orthopaedic Oncology Procedures		7.2	9,534	2,356	11,891	1,659
386		Pk1	6.3	8,435	2,207	10,643	1,693
386		Pk2	6.3	8,606	2,057	10,663	1,706
386		Pk3	24.3	26,897	6,326	33,222	1,365
386		Pk4	28.7	30,900	6,429	37,329	1,302
391	Secondary Neoplasms And Pathological Fractures		14.9	8,231	2,303	10,534	709
391		Pk1	12.4	6,352	1,809	8,161	656
391		Pk2	16.2	9,271	2,533	11,804	730
391		Pk3	20.8	11,599	3,297	14,896	716
391		Pk4	30.1	20,455	5,301	25,756	855
392	Osteomyelitis		12.1	7,803	2,236	10,038	828
392		Pk1	7.6	5,396	1,496	6,891	908
392		Pk2	26.3	14,529	4,518	19,046	725
392		Pk3	17.0	9,071	2,846	11,917	699
392		Pk4	36.1	20,057	6,204	26,261	727
393	Rheumatoid Arthritis		8.3	6,162	1,522	7,684	923
393		Pk1	6.4	3,750	1,016	4,766	750
393		Pk2	8.1	5,179	1,379	6,558	807
393		Pk3	8.7	6,446	1,636	8,082	930
393		Pk4	19.3	20,897	4,425	25,322	1,312
394	Septic Arthritis		6.9	4,688	1,314	6,003	875
394		Pk1	5.2	3,703	1,023	4,726	909
394		Pk2	12.2	8,737	2,181	10,918	897
394		Pk3	8.0	5,407	1,703	7,111	889
394		Pk4	33.2	17,785	5,140	22,925	691
397	Non-Inflammatory Arthritis		8.0	4,188	1,283	5,472	683
397		Pk1	6.8	3,792	1,143	4,935	729
397		Pk2	21.7	8,394	2,805	11,199	516
397		Pk3	17.1	8,054	2,339	10,393	607
397		Pk4	37.5	18,952	5,404	24,356	649

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Cost			
398	Other Inflammatory Arthritis		6.3	3,974	1,089	5,063	808	558
398		P1x1	5.2	3,162	889	4,051	779	395
398		P1x2	8.9	4,797	1,334	6,132	692	76
398		P1x3	14.2	8,747	2,466	11,213	791	69
398		P1x4	18.0	16,664	3,925	20,589	1,142	43
399	Orthopaedic Aftercare		8.2	4,439	1,384	5,803	709	362
399		P1x1	5.7	3,128	943	4,071	714	258
399		P1x2	17.9	8,592	2,810	11,402	638	50
399		P1x3	18.5	8,502	2,827	11,329	612	46
399		P1x4	23.6	12,235	3,861	16,097	683	19
401	Other Musculoskeletal Malignancies		8.0	7,051	1,807	8,858	1,112	54
401		P1x1	5.4	4,367	1,062	5,429	1,004	32
401		P1x2	9.8	8,088	2,116	10,204	1,043	14
401		P1x3	17.6	11,103	3,434	14,537	826	5
401		P1x4	16.4	21,360	5,165	26,524	1,617	5
402	Disc Disease		7.9	4,026	1,139	5,164	651	423
402		P1x1	7.0	3,515	988	4,503	646	363
402		P1x2	23.3	9,892	3,033	12,925	554	46
402		P1x3	22.2	12,392	3,250	15,642	705	23
402		P1x4	35.0	17,575	5,384	22,960	656	19
404	Other Musculoskeletal Infections		10.5	5,420	1,561	6,982	665	4
404		P1x1	10.5	5,420	1,561	6,982	665	4
404		P1x2						
404		P1x3						
404		P1x4						
407	Other Musculoskeletal Disorders		5.3	4,358	1,138	5,496	1,032	108
407		P1x1	3.9	2,924	817	3,741	955	83
407		P1x2	10.4	7,430	1,894	9,324	900	11
407		P1x3	8.6	7,002	1,885	8,887	1,037	7
407		P1x4	34.3	24,876	6,328	31,204	911	12

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost		Average Indirect Cost		Cost per Day	Costed Cases
				Cost	Cost	Cost	Cost		
409	Back Pain (MNRH)		5.4	2,926	809	3,735	692	404	
409		Pk1	4.4	2,409	655	3,064	690	343	
409		Pk2	13.9	6,689	1,975	8,665	622	34	
409		Pk3	14.7	8,221	2,138	10,359	703	22	
409		Pk4	15.8	9,231	2,659	11,890	755	12	
411	Signs, Symptoms And Deformities (MNRH)		5.4	3,109	845	3,954	737	278	
411		Pk1	5.1	2,904	804	3,708	730	244	
411		Pk2	11.3	5,652	1,557	7,209	639	28	
411		Pk3	13.4	7,181	1,943	9,123	681	15	
411		Pk4	30.3	18,597	5,361	23,958	792	4	
413	Joint Derangements (MNRH)		5.2	3,067	910	3,977	763	86	
413		Pk1	3.6	2,529	711	3,240	888	68	
413		Pk2	9.1	3,959	1,292	5,252	576	9	
413		Pk3	12.8	8,110	2,188	10,298	805	5	
413		Pk4	17.0	8,340	2,283	10,623	625	2	
414	Sprains Strains And Minor Injuries (MNRH)		4.3	2,525	686	3,210	748	82	
414		Pk1	3.8	2,184	601	2,785	738	76	
414		Pk2	13.5	6,938	1,806	8,744	648	4	
414		Pk3	21.3	11,597	3,652	15,249	715	3	
414		Pk4	10.0	8,052	1,950	10,002	1,000	2	
425	Skin Graft And Wound Debridement For Dermatologic Dis Except Ulcer Or Cellulitis		1.4	2,950	907	3,856	2,843	1,127	
425		Pk1	1.3	2,922	899	3,821	2,848	1,109	
425		Pk2	6.4	9,367	2,678	12,044	1,879	44	
425		Pk3	7.7	13,249	4,424	17,673	2,295	10	
425		Pk4	17.8	25,382	6,483	31,865	1,787	18	
427	Skin Graft And Wound Debridement For Skin Ulcer Or Cellulitis		26.5	18,751	5,832	24,583	926	86	
427		Pk1	13.2	8,560	2,754	11,314	858	58	
427		Pk2	67.4	43,527	12,712	56,240	834	7	
427		Pk3	39.6	27,507	8,581	36,088	911	5	
427		Pk4	57.6	44,701	13,848	58,549	1,016	17	

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
428	Breast Procedures Except Biopsy And Local Excision Without Malignancy		1.3	3,085	818	3,903	2,974
428		Pix1	1.3	3,023	805	3,829	2,985
428		Pix2	2.9	6,745	1,746	8,491	2,972
428		Pix3	7.5	11,924	2,855	14,780	1,971
428		Pix4	4.0	6,330	1,100	7,429	1,857
429	Total Mastectomy For Breast Malignancy		1.6	3,029	831	3,859	2,421
429		Pix1	1.6	3,014	824	3,837	2,432
429		Pix2	5.1	5,509	1,725	7,234	1,425
429		Pix3	6.1	6,656	2,018	8,674	1,422
429		Pix4	16.0	18,805	3,647	22,453	1,403
432	Subtotal Mastectomy And Other Breast Procedures For Malignancy		1.3	2,628	704	3,332	2,600
432		Pix1	1.3	2,620	701	3,321	2,602
432		Pix2	3.3	4,748	1,264	6,012	1,837
432		Pix3	14.2	10,758	3,022	13,780	970
432		Pix4	5.0	5,828	1,443	7,271	1,454
434	Breast Biopsy And Local Excision Without Malignancy		1.0	1,914	577	2,491	2,491
434		Pix1	1.0	1,913	578	2,490	2,490
434		Pix2	2.3	3,522	869	4,391	1,882
434		Pix3	2.0	2,834	1,321	4,155	2,078
434		Pix4	361.0	465,936	109,990	575,926	1,595
435	Perianal And Pilonidal Cyst Procedures		2.1	1,938	616	2,554	1,214
435		Pix1	2.1	1,870	601	2,471	1,197
435		Pix2	5.4	4,364	1,317	5,681	1,052
435		Pix3	12.0	7,700	2,515	10,215	851
435		Pix4	64.0	40,129	11,813	51,942	812
436	Plastic Surgery		1.6	2,789	943	3,732	2,402
436		Pix1	1.6	2,789	943	3,732	2,402
436		Pix2	31.0	20,179	5,615	25,794	832
436		Pix3	16.0	11,572	3,416	14,989	937
436		Pix4	34.0	18,796	6,269	25,066	737

Schedule 1 – Inpatient Cost Results

CMG	Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Cost	Costed Cases
437	Other Dermatological Procedures Without Malignancy Or Skin Ulcer Or Cellulitis								
437			Plx1	3.6	3,403	1,005	4,408	1,230	285
437			Plx2	2.9	2,927	879	3,806	1,311	249
437			Plx3	7.1	5,927	1,589	7,516	1,057	18
437			Plx4	11.8	11,576	2,970	14,545	1,231	11
437				26.0	26,627	6,809	33,436	1,286	10
438	Other Dermatological Procedures For Malignancy Or Skin Ulcer Or Cellulitis								
438			Plx1	9.1	7,627	2,168	9,795	1,071	233
438			Plx2	4.5	4,330	1,262	5,592	1,251	166
438			Plx3	20.5	12,021	3,675	15,696	766	24
438			Plx4	19.5	13,582	3,868	17,450	895	18
438				42.3	37,351	9,980	47,331	1,119	31
439	Skin Ulcer								
439			Plx1	19.2	11,201	3,450	14,651	764	99
439			Plx2	15.0	8,206	2,653	10,859	723	53
439			Plx3	18.6	9,885	3,050	12,935	695	10
439			Plx4	20.1	11,299	3,353	14,652	727	21
439				38.1	26,213	7,949	34,162	898	16
440	Major Skin Disorders								
440			Plx1	5.3	3,674	1,052	4,726	895	99
440			Plx2	4.7	3,114	907	4,021	853	83
440			Plx3	7.6	5,361	1,345	6,706	882	10
440			Plx4	14.4	10,280	3,150	13,430	934	8
440				30.6	38,664	9,188	47,853	1,564	5
443	Malignant Breast Disorders								
443			Plx1	10.9	6,237	1,787	8,024	736	63
443			Plx2	6.9	4,490	1,258	5,748	830	26
443			Plx3	13.2	6,707	1,982	8,690	660	19
443			Plx4	14.4	7,193	2,295	9,488	660	8
443				14.2	9,120	2,382	11,502	810	10
446	Non-Malignant Breast Disorders								
446			Plx1	1.7	1,436	412	1,848	1,066	30
446			Plx2	1.7	1,436	412	1,848	1,066	30
446			Plx3						
446			Plx4						

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Indirect Cost			
447	Cellulitis		6.3	3,457	1,046	4,503	709	1,296
447		Pix1	5.3	2,902	871	3,774	709	965
447		Pix2	9.3	4,709	1,471	6,180	663	179
447		Pix3	10.2	5,710	1,798	7,508	733	114
447		Pix4	22.2	12,350	3,701	16,051	722	70
452	Trauma Of Skin, Subcutaneous Tissue And Breast		3.7	2,322	628	2,951	806	154
452		Pix1	3.0	2,054	540	2,595	858	125
452		Pix2	7.5	3,872	1,094	4,965	662	16
452		Pix3	6.0	3,476	978	4,454	742	11
452		Pix4	9.0	7,243	1,507	8,750	972	2
454	Minor Skin Disorders		3.5	2,720	709	3,428	969	262
454		Pix1	3.2	2,370	648	3,017	950	231
454		Pix2	9.2	5,515	1,588	7,103	776	20
454		Pix3	19.6	14,885	4,214	19,100	975	12
454		Pix4	18.5	14,516	3,511	18,027	974	12
476	PWS - Adrenal And Pituitary Procedures		4.9	8,313	2,003	10,316	2,092	204
476		Pix1	3.7	6,792	1,724	8,516	2,285	161
476		Pix2	11.5	16,654	3,407	20,061	1,748	21
476		Pix3	11.2	17,275	3,981	21,256	1,898	10
476		Pix4	17.1	26,293	5,267	31,560	1,843	8
477	Parathyroid Procedures		1.9	3,373	972	4,345	2,287	270
477		Pix1	1.7	3,149	915	4,064	2,416	245
477		Pix2	4.1	6,613	1,744	8,357	2,033	9
477		Pix3	4.2	5,193	1,211	6,404	1,517	9
477		Pix4	46.2	34,389	9,116	43,505	942	5
478	Obesity Procedures		4.1	4,838	1,556	6,394	1,561	199
478		Pix1	4.0	4,671	1,516	6,187	1,555	187
478		Pix2	5.6	6,021	2,014	8,035	1,428	8
478		Pix3	7.8	8,116	2,584	10,700	1,372	5
478		Pix4	16.3	27,245	7,304	34,549	2,126	4

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
479	Thyroid Procedures		1.5	3,058	981	4,039	2,672
479		P1x1	1.5	3,032	974	4,005	2,692
479		P1x2	3.0	4,806	1,601	6,407	2,136
479		P1x3	5.0	6,959	1,941	8,900	1,780
479		P1x4	13.9	19,788	4,078	23,866	1,718
480	Thyroglossal Procedures		1.2	1,896	740	2,636	2,220
480		P1x1	1.2	1,896	740	2,636	2,220
480		P1x2					
480		P1x3					
480		P1x4					
482	Other Endocrine, Nutrition And Metabolic Procedures		9.6	24,994	4,326	29,320	3,055
482		P1x1	5.4	25,892	3,792	29,684	5,516
482		P1x2	10.7	21,870	4,092	25,962	2,434
482		P1x3	16.4	20,522	4,970	25,492	1,554
482		P1x4	32.0	44,286	10,162	54,448	1,703
483	Diabetes		4.9	3,148	902	4,050	821
483		P1x1	3.8	2,356	689	3,045	810
483		P1x2	9.1	4,984	1,471	6,455	710
483		P1x3	7.7	4,853	1,416	6,269	816
483		P1x4	15.9	13,471	3,618	17,089	1,078
485	Nutritional And Miscellaneous Metabolic Disorders		5.6	3,652	1,012	4,664	840
485		P1x1	4.2	2,698	761	3,459	825
485		P1x2	8.1	4,974	1,404	6,378	792
485		P1x3	8.7	5,942	1,664	7,605	872
485		P1x4	14.5	10,131	2,754	12,885	887
487	Cystic Fibrosis		11.7	10,866	2,474	13,340	1,137
487		P1x1	11.6	11,095	2,616	13,711	1,186
487		P1x2	11.4	9,378	2,115	11,493	1,011
487		P1x3	11.5	9,799	2,047	11,846	1,026
487		P1x4	19.2	22,502	4,569	27,071	1,407

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
488	Inborn Errors Of Metabolism		5.8	12,155	1,259	13,415	2,324
488		Pix1	5.4	12,834	1,194	14,028	2,605
488		Pix2	5.5	3,431	955	4,386	798
488		Pix3	11.2	18,938	2,615	21,554	1,924
488		Pix4	38.0	39,626	6,937	46,564	1,225
489	Endocrine Disorders		6.1	3,985	1,065	5,050	828
489		Pix1	4.6	2,957	790	3,747	812
489		Pix2	13.8	7,561	2,143	9,704	703
489		Pix3	12.2	7,401	2,175	9,576	782
489		Pix4	17.7	23,218	5,423	28,641	1,621
500	PWS - Kidney Transplant		10.4	18,044	4,541	22,585	2,166
500		Pix1	8.0	13,068	3,462	16,530	2,070
500		Pix2	9.5	14,507	3,905	18,412	1,930
500		Pix3	12.8	21,919	5,538	27,457	2,144
500		Pix4	19.8	36,504	8,325	44,830	2,260
501	Urinary Diversion And Augmentation		11.3	11,822	3,691	15,513	1,374
501		Pix1	9.4	9,943	3,098	13,041	1,389
501		Pix2	12.4	13,033	4,305	17,338	1,394
501		Pix3	18.0	17,234	5,373	22,606	1,259
501		Pix4	23.2	24,391	7,239	31,630	1,365
502	Radical Prostatectomy		3.7	5,142	1,646	6,788	1,832
502		Pix1	3.6	5,092	1,625	6,717	1,847
502		Pix2	4.7	5,892	1,972	7,864	1,668
502		Pix3	6.6	6,863	2,292	9,156	1,382
502		Pix4	9.5	8,689	2,505	11,194	1,178
503	Dialysis Procedures		6.6	6,945	1,881	8,826	1,346
503		Pix1	1.2	1,926	697	2,624	2,243
503		Pix2	5.3	6,443	1,662	8,104	1,537
503		Pix3	22.0	20,704	4,919	25,623	1,162
503		Pix4	57.6	63,749	14,892	78,640	1,365

Schedule 1 – Inpatient Cost Results

CMQ Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
504	Major Urinary Tract Procedures		4.7	6,211	1,814	8,025	1,693
504		Pix1	4.4	5,864	1,716	7,581	1,738
504		Pix2	7.2	8,537	2,515	11,052	1,527
504		Pix3	8.7	9,567	2,868	12,435	1,435
504		Pix4	21.5	30,525	7,460	37,985	1,771
505	Reconstructive Urological Procedures		3.7	3,679	1,289	4,968	1,344
505		Pix1	3.4	3,417	1,187	4,604	1,347
505		Pix2	8.7	9,070	3,307	12,377	1,423
505		Pix3	3.5	2,780	1,055	3,836	1,096
505		Pix4	33.7	47,712	13,220	60,932	1,810
506	Open Prostatectomy		4.8	4,335	1,639	5,973	1,239
506		Pix1	4.0	3,687	1,425	5,111	1,278
506		Pix2	6.4	5,678	2,241	7,919	1,237
506		Pix3	10.5	7,954	2,689	10,643	1,014
506		Pix4	14.5	13,488	4,414	17,902	1,235
507	Vascular And Other Urinary Procedures		10.7	14,570	3,529	18,099	1,693
507		Pix1	4.9	7,282	1,643	8,925	1,835
507		Pix2	12.0	13,142	3,883	17,025	1,419
507		Pix3	11.4	10,535	2,488	13,003	1,141
507		Pix4	26.6	36,169	8,302	44,472	1,670
508	Minor Upper Urinary Tract Procedures		3.7	5,034	1,449	6,483	1,775
508		Pix1	3.0	4,566	1,330	5,896	1,958
508		Pix2	6.3	6,232	1,924	8,157	1,298
508		Pix3	11.0	10,620	2,762	13,382	1,221
508		Pix4	24.4	26,366	7,011	33,377	1,366
509	Minor Lower Urinary Tract Procedures		2.8	3,991	1,159	5,150	1,860
509		Pix1	2.7	3,993	1,156	5,149	1,875
509		Pix2	11.2	9,407	2,546	11,952	1,070
509		Pix3	12.8	17,388	4,808	22,196	1,741
509		Pix4	19.3	12,670	3,785	16,455	855

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
510	Transurethral Prostatectomy		2.0	2,315	725	3,041	1,497
510		P1x1	2.0	2,257	708	2,965	1,512
510		P1x2	5.8	4,810	1,474	6,284	1,085
510		P1x3	8.0	5,496	1,636	7,132	891
510		P1x4	12.2	11,081	2,969	14,050	1,153
512	Other Transurethral Or Biopsy Procedures (MNRH)		1.4	1,652	449	2,101	1,476
512		P1x1	1.4	1,638	445	2,083	1,480
512		P1x2	5.9	4,716	1,316	6,032	1,015
512		P1x3	7.4	5,042	1,520	6,562	882
512		P1x4	21.7	20,166	4,760	24,926	1,148
514	Miscellaneous Urinary Tract Procedures (MNRH)		1.3	1,485	457	1,943	1,442
514		P1x1	1.3	1,485	457	1,943	1,442
514		P1x2					
514		P1x3					
514		P1x4					
520	Renal Failure With Dialysis		15.4	14,246	3,557	17,802	1,156
520		P1x1	12.3	9,886	2,502	12,388	1,011
520		P1x2	12.8	10,744	2,659	13,403	1,044
520		P1x3	17.3	14,983	3,903	18,886	1,095
520		P1x4	23.6	26,283	6,509	32,791	1,388
521	Renal Failure Without Dialysis		8.5	5,491	1,541	7,032	830
521		P1x1	6.2	3,815	1,075	4,890	792
521		P1x2	9.2	5,561	1,604	7,165	779
521		P1x3	12.6	7,661	2,163	9,824	778
521		P1x4	20.0	14,829	4,085	18,914	944
522	Urinary Neoplasm		10.6	6,369	1,854	8,222	775
522		P1x1	7.1	4,385	1,283	5,667	802
522		P1x2	12.4	6,810	1,995	8,804	712
522		P1x3	14.7	9,136	2,575	11,711	797
522		P1x4	23.1	14,761	4,121	18,881	817

Schedule 1 – Inpatient Cost Results

CM6 Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
524	Nephrotic Syndrome		4.5	3,217	874	4,090	915
524		Pk1	3.6	2,957	752	3,709	1,028
524		Pk2	7.4	3,701	1,107	4,808	650
524		Pk3	7.4	4,299	1,375	5,674	767
524		Pk4	20.8	17,442	4,081	21,523	1,035
525	Nephropathy Without Nephrotic Syndrome		5.4	4,315	1,120	5,435	1,000
525		Pk1	3.1	2,790	759	3,550	1,128
525		Pk2	6.5	5,190	1,178	6,368	980
525		Pk3	9.9	7,642	1,916	9,558	970
525		Pk4	11.5	8,919	2,193	11,112	966
526	Miscellaneous Nephrological Diagnosis		4.6	3,194	856	4,050	875
526		Pk1	3.8	2,932	771	3,703	984
526		Pk2	11.0	6,859	2,027	8,886	808
526		Pk3	6.8	4,120	1,095	5,215	773
526		Pk4	28.5	32,249	9,269	41,517	1,457
527	Upper Urinary Tract Infection		4.2	2,804	853	3,657	870
527		Pk1	4.0	2,651	825	3,476	868
527		Pk2	7.2	4,786	1,335	6,121	848
527		Pk3	6.8	4,130	1,120	5,249	772
527		Pk4	11.7	11,090	2,605	13,696	1,169
529	Lower Urinary Tract Infection		6.3	3,772	1,099	4,871	774
529		Pk1	5.0	2,922	864	3,786	764
529		Pk2	8.9	5,003	1,460	6,464	723
529		Pk3	8.3	4,771	1,430	6,201	743
529		Pk4	15.6	11,650	3,083	14,734	946
532	Urinary Retention And Other Functional Disorders Of Bladder		3.6	2,642	669	3,311	910
532		Pk1	3.1	2,408	606	3,014	975
532		Pk2	7.1	4,146	1,022	5,167	730
532		Pk3	13.1	7,904	2,233	10,137	771
532		Pk4	16.5	8,991	2,648	11,638	705

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost		Average Indirect Cost		Average Cost per Day	Costed Cases
				Cost		Cost			
534	Miscellaneous Urological Diagnoses (MNRH)		3.2	2,298		654		2,952	290
534		Pix1	2.7	1,976		578		2,554	251
534		Pix2	5.4	4,097		1,047		5,144	21
534		Pix3	6.9	6,289		1,699		7,988	13
534		Pix4	25.8	18,124		5,222		23,346	5
535	Hematuria (MNRH)		3.5	2,193		651		2,844	227
535		Pix1	3.2	1,929		580		2,510	200
535		Pix2	6.9	4,195		1,226		5,422	16
535		Pix3	7.9	5,280		1,201		6,481	10
535		Pix4	19.4	10,397		3,308		13,705	8
536	Urinary Obstruction (MNRH)		1.8	1,540		440		1,980	1,418
536		Pix1	1.8	1,495		428		1,923	1,359
536		Pix2	4.4	2,897		869		3,766	31
536		Pix3	5.0	3,781		1,090		4,871	38
536		Pix4	19.2	10,987		3,381		14,368	10
538	Admission For Dialysis (MNRH)		3.5	4,016		944		4,960	4
538		Pix1	2.5	2,628		773		3,401	2
538		Pix2	7.0	7,191		1,580		8,771	1
538		Pix3	2.0	3,617		649		4,266	1
538		Pix4							
550	Major Pelvic And Retroperitoneum Procedures		7.4	14,239		3,979		18,218	5
550		Pix1	5.5	9,352		2,796		12,148	4
550		Pix2	28.0	33,614		10,051		43,665	1
550		Pix3							
550		Pix4	15.0	33,788		8,711		42,499	1
551	Penis Procedures		1.4	2,703		806		3,508	159
551		Pix1	1.3	2,700		806		3,505	158
551		Pix2	4.8	4,568		1,464		6,031	4
551		Pix3							
551		Pix4	46.2	59,490		15,717		75,207	5

Schedule 1 -- Inpatient Cost Results

CMG	Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Cost	Cases
552 Testes Procedures									
				1.4	2,066	567	2,633	1,909	227
552			Pk1	1.4	2,061	565	2,627	1,904	224
552			Pk2	8.0	5,450	1,579	7,029	879	5
552			Pk3	17.3	16,752	5,163	21,915	1,270	4
552			Pk4	29.8	51,051	13,938	64,989	2,184	8
554 Miscellaneous Male Reproductive System Procedures (MNRH)									
554			Pk1	1.0	1,464	453	1,917	1,917	146
554			Pk2	1.0	1,445	447	1,892	1,892	145
554			Pk3	10.0	7,589	2,631	10,220	1,022	2
554			Pk4	2.0	2,733	733	3,465	1,733	1
554			Pk4	23.0	35,962	9,626	45,588	1,982	5
555 Circumcision (MNRH)									
555			Pk1	1.0	1,550	500	2,050	2,050	16
555			Pk2	1.0	1,550	500	2,050	2,050	16
555			Pk3	3.0	3,523	1,024	4,547	1,516	1
555			Pk4						
560 Malignancy Of Male Reproductive Organ									
560			Pk1	11.8	9,672	2,326	11,998	1,014	6
560			Pk2	5.3	6,183	1,196	7,379	1,406	4
560			Pk3	6.0	7,107	1,347	8,453	1,409	1
560			Pk4	12.0	7,047	2,166	9,213	768	2
560			Pk4	17.0	19,669	3,108	22,777	1,340	1
561 Male Reproductive System Inflammation									
561			Pk1	3.6	2,197	664	2,861	798	84
561			Pk2	3.5	2,138	642	2,780	788	78
561			Pk3	4.0	2,401	820	3,221	805	5
561			Pk4	4.5	3,804	1,067	4,871	1,082	2
561			Pk4	7.0	5,652	1,332	6,984	998	1
562 Other Male Reproductive System Diagnoses									
562			Pk1	2.8	1,769	547	2,315	837	17
562			Pk2	2.6	1,697	515	2,212	863	16
562			Pk3	4.5	2,189	723	2,912	647	2
562			Pk4	14.0	11,643	3,384	15,026	1,073	2

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Days
				Direct Cost	Indirect Cost			
563	Miscellaneous Male Reproductive System Diagnoses (MNRH)		2.8	1,952	549	2,501	893	15
563		Pix1	2.9	1,989	558	2,547	870	14
563		Pix2	1.0	1,436	421	1,858	1,858	1
563		Pix3						
563		Pix4						
575	PWS - Pelvic Exenteration		11.8	13,152	3,851	17,003	1,447	4
575		Pix1	14.0	15,100	3,400	18,500	1,321	2
575		Pix2						
575		Pix3	9.5	11,205	4,302	15,507	1,632	2
575		Pix4	45.0	39,031	8,033	47,064	1,046	1
576	PWS - Radical Hysterectomy And Vulvectomy		5.6	5,900	1,984	7,884	1,412	142
576		Pix1	5.1	5,599	1,884	7,483	1,472	118
576		Pix2	7.4	7,741	2,280	10,021	1,346	9
576		Pix3	7.8	6,813	2,473	9,287	1,191	10
576		Pix4	31.0	30,068	7,196	37,264	1,202	7
577	Major Gynecological Procedures For Ovarian Or Adnexal Malignancy		6.0	6,339	1,948	8,287	1,381	379
577		Pix1	5.2	5,470	1,754	7,223	1,398	278
577		Pix2	6.7	6,814	2,005	8,820	1,323	36
577		Pix3	9.1	8,785	2,375	11,160	1,233	40
577		Pix4	13.7	15,599	4,150	19,749	1,442	33
578	Major Gynecological Procedures For Malignancy Except Ovarian Or Adnexal		4.0	4,348	1,399	5,747	1,421	590
578		Pix1	3.8	4,113	1,342	5,455	1,432	527
578		Pix2	5.6	5,879	1,793	7,672	1,378	37
578		Pix3	8.2	7,915	2,304	10,219	1,249	28
578		Pix4	12.8	13,276	3,312	16,588	1,296	15
579	Major Uterine And Adnexal Procedures Without Malignancy		3.1	3,095	1,053	4,147	1,346	8,286
579		Pix1	3.0	3,047	1,035	4,083	1,349	8,041
579		Pix2	5.1	4,821	1,663	6,483	1,259	148
579		Pix3	6.3	5,610	1,950	7,560	1,198	112
579		Pix4	7.9	7,720	2,595	10,316	1,312	36

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
581	Reconstructive Gynecological Procedures		2.7	2,881	920	3,801	1,407
581		Pk1	2.7	2,867	911	3,778	1,408
581		Pk2	6.2	5,857	1,939	7,796	1,253
581		Pk3	7.7	6,327	2,051	8,379	1,087
581		Pk4	9.5	7,691	3,102	10,794	1,136
582	Other Gynecological Procedures		3.5	3,294	1,107	4,401	1,262
582		Pk1	3.2	3,064	1,029	4,092	1,262
582		Pk2	4.2	3,366	1,189	4,554	1,084
582		Pk3	7.2	6,898	2,904	9,801	1,368
582		Pk4	10.8	9,196	2,412	11,608	1,075
583	Radio-Implant For Malignancy		2.1	2,664	665	3,329	1,557
583		Pk1	2.2	2,690	664	3,355	1,553
583		Pk2					
583		Pk3					
583		Pk4	5.0	4,676	1,173	5,849	1,170
584	Vagina, Cervix And Vulva Procedures		2.6	2,311	891	3,202	1,209
584		Pk1	2.6	2,293	883	3,176	1,211
584		Pk2	4.8	4,432	1,364	5,796	1,207
584		Pk3	10.7	6,475	2,533	9,008	844
584		Pk4					
585	Gynecological Laparoscopy (MNRH)		2.2	1,765	574	2,339	1,082
585		Pk1	2.1	1,736	561	2,296	1,102
585		Pk2	5.0	2,821	1,062	3,882	776
585		Pk3					
585		Pk4					
586	Tubal Interruption (MNRH)		1.7	1,747	570	2,316	1,373
586		Pk1	1.6	1,718	530	2,249	1,406
586		Pk2	3.0	2,168	1,162	3,330	1,110
586		Pk3					
586		Pk4					

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
587	Miscellaneous Gynecological Procedures (MNRH)		1.2	1,040	328	1,368	533
587		Pix1	1.2	1,029	325	1,354	529
587		Pix2	4.6	3,359	850	4,209	5
587		Pix3	18.6	10,772	2,855	13,628	5
587		Pix4	33.0	29,614	8,376	37,990	5
592	Malignancy Of Female Reproductive Organ		8.8	4,955	1,570	6,525	145
592		Pix1	5.9	3,406	1,079	4,485	77
592		Pix2	9.6	5,262	1,697	6,958	41
592		Pix3	11.0	6,846	1,871	8,716	15
592		Pix4	23.4	12,559	4,581	17,140	13
594	Female Reproductive System Infection		3.2	1,815	589	2,404	156
594		Pix1	3.1	1,783	582	2,365	151
594		Pix2	9.2	5,062	1,521	6,583	6
594		Pix3	3.7	2,570	579	3,149	3
594		Pix4					
595	Other Female Reproductive System Diagnoses And Injuries		1.9	1,127	340	1,467	15
595		Pix1	1.8	1,060	305	1,365	12
595		Pix2	2.0	1,403	488	1,890	4
595		Pix3	8.0	3,972	1,497	5,469	3
595		Pix4					
596	Miscellaneous Gynecological Diagnoses (MNRH)		2.0	1,389	455	1,845	486
596		Pix1	1.9	1,358	446	1,804	471
596		Pix2	4.3	2,580	872	3,452	12
596		Pix3	3.0	2,441	631	3,071	5
596		Pix4					
599	Premature Labour		3.3	1,929	567	2,497	671
599		Pix9	3.3	1,929	567	2,497	671
600	Major Procedures In Pregnancy Or Childbirth		4.2	4,597	1,336	5,934	275
600		Pix9	4.2	4,597	1,336	5,934	275
601	Repeat Caesarean Delivery With Complicating Diagnosis		3.2	2,812	850	3,662	1,598

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct		Average Indirect	Average Cost		Cost per Day	Costed Cases
				Cost	Cost		Cost	Cost		
601		Pix9	3.2	2,812		850	3,662	1,154	1,598	
602	Caesarean Delivery With Complicating Diagnosis		3.8	3,530		1,043	4,573	1,203	4,139	
602		Pix9	3.8	3,530		1,043	4,573	1,203	4,139	
603	Repeat Caesarean Delivery		2.7	2,261		707	2,968	1,093	3,063	
603		Pix9	2.7	2,261		707	2,968	1,093	3,063	
604	Caesarean Delivery		3.2	2,898		875	3,773	1,192	4,447	
604		Pix9	3.2	2,898		875	3,773	1,192	4,447	
605	Fetal Surgery		2.6	2,949		711	3,660	1,423	7	
605		Pix9	2.6	2,949		711	3,660	1,423	7	
606	Vaginal Delivery With Sterilization Procedures		2.3	2,517		796	3,312	1,449	28	
606		Pix9	2.3	2,517		796	3,312	1,449	28	
607	Vaginal Delivery With Minor Procedures		2.2	2,311		698	3,009	1,367	248	
607		Pix9	2.2	2,311		698	3,009	1,367	248	
608	Vaginal Delivery After Caesarean (VBAC) With Complicating Diagnosis		1.7	1,922		522	2,445	1,468	544	
608		Pix9	1.7	1,922		522	2,445	1,468	544	
609	Vaginal Delivery With Complicating Diagnosis		1.9	1,976		556	2,532	1,311	15,318	
609		Pix9	1.9	1,976		556	2,532	1,311	15,318	
610	Vaginal Delivery After Caesarean Delivery (VBAC)		1.4	1,680		466	2,146	1,497	838	
610		Pix9	1.4	1,680		466	2,146	1,497	838	
611	Vaginal Delivery		1.4	1,530		440	1,970	1,359	20,220	
611		Pix9	1.4	1,530		440	1,970	1,359	20,220	
612	Ectopic Pregnancy With Major Procedures		3.2	3,049		1,063	4,111	1,303	167	
612		Pix9	3.2	3,049		1,063	4,111	1,303	167	
613	Ectopic Pregnancy With Minor Procedures		1.5	1,855		566	2,421	1,600	493	
613		Pix9	1.5	1,855		566	2,421	1,600	493	
614	Ectopic Pregnancy		1.0	511		173	684	684	111	
614		Pix9	1.0	511		173	684	684	111	
615	Threatened Abortion		1.4	783		246	1,029	747	98	
615		Pix9	1.4	783		246	1,029	747	98	

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
616	Abortive Outcome With Injection		1.5	1,247	428	1,675	1,117
616		Pix9	1.5	1,247	428	1,675	1,117
617	Abortive Outcome With D And C		1.0	783	233	1,016	1,016
617		Pix9	1.0	783	233	1,016	1,016
618	Abortive Outcome		1.0	1,012	286	1,298	1,298
618		Pix9	1.0	1,012	286	1,298	1,298
619	False Labour LOS < 3 Days (MNRH)		1.0	684	184	868	868
619		Pix9	1.0	684	184	868	868
620	Post-Partum Diagnosis With Procedures Other Than D And C		3.6	3,404	1,047	4,451	1,227
620		Pix9	3.6	3,404	1,047	4,451	1,227
621	Post-Partum Diagnosis With D And C		1.3	1,059	319	1,377	1,069
621		Pix9	1.3	1,059	319	1,377	1,069
622	Post-Partum Diagnosis		2.4	1,408	459	1,867	784
622		Pix9	2.4	1,408	459	1,867	784
623	Antepartum Diagnosis With Complicating Diagnosis		2.9	1,580	478	2,057	721
623		Pix9	2.9	1,580	478	2,057	721
624	Antepartum Diagnosis		1.7	1,091	313	1,405	825
624		Pix9	1.7	1,091	313	1,405	825
625	PWS - Neonates Weight < 750 Grams		4.4	11,608	2,401	14,009	3,184
625		Pix9	4.4	11,608	2,401	14,009	3,184
626	PWS - Neonates Weight 750-999 Grams		41.7	64,816	13,745	78,560	1,884
626		Pix9	41.7	64,816	13,745	78,560	1,884
627	PWS - Neonates Weight 1000-1499 gm With Catastrophic Diagnosis		26.7	48,428	9,927	58,354	2,188
627		Pix9	26.7	48,428	9,927	58,354	2,188
628	PWS - Neonates Weight 1000-1499 gm Without Catastrophic Diagnosis		26.6	32,074	7,336	39,409	1,483
628		Pix9	26.6	32,074	7,336	39,409	1,483
630	PWS - Neonates Weight 1500-1999 gm With Catastrophic Diagnosis		26.8	41,315	10,040	51,355	1,916
630		Pix9	26.8	41,315	10,040	51,355	1,916
631	Neonates Weight 1500-1999 gm With Major Problem Diagnosis		18.1	22,697	5,016	27,713	1,531
631		Pix9	18.1	22,697	5,016	27,713	1,531

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
631		Pk9	18.1	22,697	5,016	27,713	1,531
632	Neonates Weight 1500-1999 gm With Mod Or No Problem Diagnosis		13.9	11,916	2,739	14,654	1,055
632		Pk9	13.9	11,916	2,739	14,654	1,055
636	PWS - Neonates Weight 2000-2499 gm With Catastrophic Diagnosis		14.6	21,273	3,378	24,652	1,688
636		Pk9	14.6	21,273	3,378	24,652	1,688
637	Neonates Weight 2000-2499 gm With Major Problem Diagnosis		10.9	15,346	3,138	18,484	1,703
637		Pk9	10.9	15,346	3,138	18,484	1,703
638	Neonates Weight 2000-2499 gm With Moderate Problem Diagnosis		9.1	9,023	2,015	11,038	1,217
638		Pk9	9.1	9,023	2,015	11,038	1,217
639	Neonates Weight 2000-2499 gm With Minor Problem Diagnosis		5.5	4,068	1,034	5,102	921
639		Pk9	5.5	4,068	1,034	5,102	921
640	Neonates Weight 2000-2499 gm With No Problem Diagnosis		1.6	732	292	1,024	651
640		Pk9	1.6	732	292	1,024	651
643	PWS - Neonates Weight > 2500 gm With Catastrophic Diagnosis		9.1	20,154	4,134	24,288	2,662
643		Pk9	9.1	20,154	4,134	24,288	2,662
644	Neonates Weight > 2500 gm With Major Problem Diagnosis		5.7	9,788	2,024	11,812	2,076
644		Pk9	5.7	9,788	2,024	11,812	2,076
645	Neonates Weight > 2500 gm With Moderate Problem Diagnosis		3.4	3,410	821	4,231	1,252
645		Pk9	3.4	3,410	821	4,231	1,252
646	Neonates Weight > 2500 gm With Caesarian Delivery		2.8	1,060	429	1,488	531
646		Pk9	2.8	1,060	429	1,488	531
647	Neonates Weight > 2500 gm With Minor Problem Diagnosis		2.2	1,632	472	2,104	950
647		Pk9	2.2	1,632	472	2,104	950
648	Neonates Weight > 2500 gm (Normal Newborn)		1.3	537	217	754	591
648		Pk9	1.3	537	217	754	591
650	PWS - Tracheostomy And Gastrostomy Procedures For Trauma		43.7	80,954	17,474	98,427	2,252
650		Pk1	17.9	19,794	5,422	25,216	1,409
650		Pk2	21.0	37,513	8,671	46,184	2,199
650		Pk3	50.0	45,597	11,400	56,997	1,140
650		Pk4	45.4	86,820	18,606	105,426	2,323
650							211

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
651	PWS - Intracranial Procedures With Spinal Procedures For Trauma		15.4	22,377	4,748	27,126	1,761
651		Pix9	15.4	22,377	4,748	27,126	1,761
652	PWS - Intracranial Procedures With Femur Procedures For Trauma		25.2	74,446	13,169	87,616	3,477
652		Pix9	25.2	74,446	13,169	87,616	3,477
653	PWS - Intracranial Or Femur Procedures With Thoraco-Abdominal Procedures For Trauma		20.0	32,518	7,588	40,106	2,005
653		Pix9	20.0	32,518	7,588	40,106	2,005
654	PWS - Intracranial Procedures W Wound Debridement Or Lower Extremity Proc For Trauma		8.4	22,742	4,976	27,718	3,282
654		Pix9	8.4	22,742	4,976	27,718	3,282
655	PWS - Spinal Procedures With Femur Procedures For Trauma		29.0	45,485	9,252	54,737	1,887
655		Pix9	29.0	45,485	9,252	54,737	1,887
656	PWS - Spinal Procedures With Thoraco-Abdominal Procedures For Trauma		18.4	35,409	8,335	43,744	2,377
656		Pix9	18.4	35,409	8,335	43,744	2,377
657	PWS - Spinal Procedures With Wound Debridement Or Lower Extremity Proc For Trauma		14.6	26,117	5,418	31,535	2,164
657		Pix9	14.6	26,117	5,418	31,535	2,164
658	Femur Procedures With Wound Debridement Or Lower Extremity Proc For Trauma		16.5	24,573	6,187	30,759	1,865
658		Pix9	16.5	24,573	6,187	30,759	1,865
659	Thoraco-Abdominal Proc W Wound Debridement Or Lower Extremity Proc For Trauma		21.6	37,153	8,522	45,674	2,114
659		Pix9	21.6	37,153	8,522	45,674	2,114
660	PWS - Intracranial Procedures For Trauma		7.8	15,483	3,202	18,685	2,389
660		Pix1	5.4	8,039	1,776	9,815	1,801
660		Pix2	7.7	14,907	3,027	17,933	2,325
660		Pix3	11.9	20,896	4,197	25,093	2,116
660		Pix4	15.1	34,995	7,164	42,159	2,792
661	PWS - Spinal Procedures For Trauma		11.6	16,538	3,532	20,069	1,732
661		Pix1	8.5	11,819	2,557	14,375	1,697
661		Pix2	12.3	17,071	3,815	20,886	1,697
661		Pix3	18.1	24,409	5,450	29,859	1,647
661		Pix4	18.2	33,645	6,552	40,197	2,211
662	Femur Or Pelvic Procedures For Trauma		10.3	8,887	2,439	11,326	1,103
662		Pix1	8.0	7,049	1,932	8,982	1,122

Schedule 1 – Inpatient Cost Results

CMQ Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
662		Plx2	13.8	11,622	3,253	14,875	1,081
662		Plx3	18.7	14,695	4,102	18,797	1,008
662		Plx4	23.5	21,361	5,629	26,990	1,146
663	Thoraco-Abdominal Procedures For Trauma		7.0	9,218	2,302	11,520	1,652
663		Plx1	6.0	6,870	1,908	8,778	1,459
663		Plx2	7.4	9,559	2,288	11,846	1,611
663		Plx3	9.3	14,353	3,097	17,451	1,887
663		Plx4	18.5	37,966	7,606	45,572	2,462
664	Wound Debridement And Skin Graft For Trauma		9.9	11,225	3,181	14,406	1,457
664		Plx1	7.9	8,340	2,454	10,794	1,368
664		Plx2	14.2	16,711	4,744	21,455	1,516
664		Plx3	20.5	24,348	6,593	30,940	1,508
664		Plx4	25.1	37,983	9,405	47,388	1,889
665	PWS - Elevated Skull Fractures		5.3	9,029	2,169	11,197	2,095
665		Plx1	3.9	7,184	1,760	8,944	2,291
665		Plx2	10.1	15,275	3,525	18,800	1,857
665		Plx3	10.0	14,622	3,288	17,910	1,791
665		Plx4	18.0	33,851	7,148	40,999	2,278
666	Major Lower Extremity Procedures For Trauma		3.0	3,709	1,062	4,772	1,579
666		Plx1	2.9	3,615	1,038	4,653	1,579
666		Plx2	10.2	11,128	2,852	13,980	1,372
666		Plx3	12.0	13,080	3,602	16,682	1,395
666		Plx4	22.5	29,317	7,518	36,834	1,636
667	Minor Lower Extremity Procedures For Trauma		3.2	3,522	1,029	4,551	1,421
667		Plx1	3.1	3,473	1,016	4,489	1,439
667		Plx2	9.8	13,362	3,462	16,823	1,717
667		Plx3					
667		Plx4	15.5	23,950	4,537	28,486	1,838
668	Miscellaneous Musculoskeletal Procedures For Trauma		3.1	4,013	1,258	5,271	1,726
668		Plx1	3.0	3,860	1,228	5,088	1,725

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Direct Cost	Average Cost per Day	Costed Cases
				Cost	Cost				
668		Pix2	7.6	9,501	2,646	12,147	1,606		55
668		Pix3	14.5	19,578	4,163	23,741	1,637		6
668		Pix4	12.1	25,575	5,688	31,263	2,584		10
669	Vascular Repair For Trauma		2.6	4,382	1,338	5,720	2,201		167
669		Pix1	2.5	4,018	1,281	5,299	2,157		151
669		Pix2	6.4	7,714	2,348	10,062	1,565		7
669		Pix3	9.9	12,295	2,814	15,109	1,533		7
669		Pix4	2.0	6,775	1,920	8,695	4,347		4
670	Upper Extremity Procedures For Trauma		2.0	2,725	808	3,534	1,789		3,160
670		Pix1	1.7	2,474	740	3,214	1,869		2,925
670		Pix2	6.9	7,665	2,065	9,730	1,418		103
670		Pix3	10.4	10,096	2,714	12,810	1,227		18
670		Pix4	14.5	21,920	5,032	26,952	1,859		16
674	PWS - Intracranial Injuries With Spinal Injuries		7.8	11,622	2,373	13,995	1,801		52
674		Pix9	7.8	11,622	2,373	13,995	1,801		52
675	PWS - Intracranial Injuries With Fractures Of Femur Or Pelvis		6.7	9,555	1,935	11,490	1,715		20
675		Pix9	6.7	9,555	1,935	11,490	1,715		20
676	PWS - Intracranial Injuries With Thoraco-Abdominal Injuries		8.8	12,935	2,768	15,703	1,791		77
676		Pix9	8.8	12,935	2,768	15,703	1,791		77
677	Spinal Injuries With Fractures Of Femur		8.6	6,897	1,693	8,590	1,002		106
677		Pix9	8.6	6,897	1,693	8,590	1,002		106
678	Spinal Injuries With Thoraco-Abdominal Injuries		8.1	9,158	2,026	11,184	1,383		147
678		Pix9	8.1	9,158	2,026	11,184	1,383		147
679	Fractures Of Femur With Thoraco-Abdominal Injuries		8.3	6,232	1,546	7,778	932		61
679		Pix9	8.3	6,232	1,546	7,778	932		61
680	Femur Or Pelvic Fractures And Dislocations		10.7	5,947	1,700	7,647	718		677
680		Pix1	8.6	4,718	1,338	6,056	701		487
680		Pix2	16.7	8,767	2,577	11,344	680		110
680		Pix3	18.2	10,500	3,075	13,575	747		52
680		Pix4	27.1	17,970	4,999	22,969	849		36

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
681	Frostbite		13.9	9,652	2,907	12,559	904
681		Pk1	11.0	7,465	2,505	9,970	903
681		Pk2	28.5	17,773	5,056	22,829	801
681		Pk3	11.8	7,678	2,024	9,702	826
681		Pk4	19.0	26,906	5,301	32,207	1,695
682	Spinal Injuries		5.6	4,021	977	4,998	898
682		Pk1	4.9	3,427	833	4,260	873
682		Pk2	6.9	5,107	1,199	6,306	916
682		Pk3	15.4	9,778	2,498	12,276	916
682		Pk4	26.2	19,587	4,930	24,516	936
683	Intracranial Injuries		4.8	5,268	1,139	6,407	1,322
683		Pk1	3.9	3,895	852	4,747	1,209
683		Pk2	6.7	5,592	1,412	7,005	1,040
683		Pk3	6.0	6,844	1,473	8,318	1,394
683		Pk4	16.4	19,784	4,256	24,040	1,464
684	Fracture Of Humerus		8.5	4,467	1,292	5,759	677
684		Pk1	5.3	2,820	841	3,661	684
684		Pk2	21.7	10,681	3,235	13,916	640
684		Pk3	12.7	7,842	1,913	9,755	770
684		Pk4	23.3	13,153	3,627	16,780	722
685	Hip And Thigh Injuries		7.1	3,756	1,084	4,840	679
685		Pk1	6.2	3,339	949	4,288	696
685		Pk2	25.4	13,085	3,431	16,516	650
685		Pk3	40.4	17,142	5,077	22,219	550
685		Pk4	16.5	12,426	2,903	15,329	929
686	Major Nerve Injuries		4.4	7,455	2,682	10,137	2,295
686		Pk1	4.4	7,923	2,870	10,793	2,473
686		Pk2					
686		Pk3	15.0	8,225	1,903	10,128	675
686		Pk4					

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
687	Thoraco-Abdominal Injuries		5.0	4,166	1,041	5,207	1,045
687		Pix1	4.3	3,483	882	4,365	1,004
687		Pix2	7.7	5,709	1,426	7,135	928
687		Pix3	11.2	9,652	2,346	11,998	1,068
687		Pix4	13.2	16,399	3,803	20,202	1,528
688	Weight Bearing Injuries		3.4	2,275	663	2,939	855
688		Pix1	2.4	1,690	491	2,181	905
688		Pix2	10.9	6,282	1,970	8,252	757
688		Pix3	20.2	12,629	3,511	16,140	800
688		Pix4	26.8	17,031	4,739	21,770	813
689	Genito-Urinary Injuries		3.6	2,664	720	3,383	929
689		Pix1	3.4	2,465	674	3,139	935
689		Pix2	5.9	3,923	1,097	5,020	847
689		Pix3	9.2	7,562	1,788	9,350	1,016
689		Pix4	16.8	20,243	5,214	25,456	1,515
690	Crushing Injuries And Contusions		3.1	2,259	613	2,872	941
690		Pix1	2.5	1,923	525	2,448	976
690		Pix2	9.7	5,278	1,451	6,729	693
690		Pix3	10.0	5,195	1,590	6,785	678
690		Pix4	12.3	6,699	1,987	8,686	704
691	Minor Lower Extremity Fractures		2.4	1,816	554	2,370	1,006
691		Pix1	2.0	1,692	522	2,214	1,122
691		Pix2	4.3	2,749	681	3,430	792
691		Pix3	5.0	4,220	1,418	5,638	1,128
691		Pix4					
692	Wounds		1.9	2,014	622	2,636	1,362
692		Pix1	1.9	1,964	612	2,576	1,369
692		Pix2	4.8	4,458	1,172	5,629	1,166
692		Pix3	5.9	4,684	1,256	5,940	1,014
692		Pix4	10.4	14,781	3,593	18,374	1,769

Schedule 1 – Inpatient Cost Results

CMB Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
693	Amputations Or Vascular And Other Nerve Injuries		1.6	2,381	726	3,106	1,951
693		Pix1	1.6	2,351	721	3,072	1,961
693		Pix2	3.4	4,274	1,051	5,325	1,566
693		Pix3	6.2	8,105	1,864	9,969	1,617
693		Pix4	17.0	29,169	5,709	34,878	2,052
694	Facial Injuries		2.2	2,329	709	3,038	1,393
694		Pix1	2.1	2,245	693	2,938	1,382
694		Pix2	7.3	5,788	1,608	7,396	1,013
694		Pix3	4.2	3,224	886	4,110	979
694		Pix4	7.8	14,914	2,992	17,906	2,310
695	Other Cranial Injuries		2.5	2,539	559	3,098	1,224
695		Pix1	1.8	1,736	395	2,131	1,189
695		Pix2	5.4	4,791	1,086	5,877	1,098
695		Pix3	5.1	5,086	1,077	6,163	1,205
695		Pix4	11.3	15,149	3,012	18,161	1,607
696	Upper Extremity Fractures		1.6	1,595	459	2,054	1,256
696		Pix1	1.6	1,566	453	2,019	1,266
696		Pix2	9.4	5,928	1,602	7,530	799
696		Pix3	12.8	7,918	2,154	10,072	790
696		Pix4	30.0	18,755	4,774	23,528	784
700	PWS - Bone Marrow Transplant		27.0	46,730	9,716	56,445	2,090
700		Pix1	17.7	28,861	6,251	35,112	1,985
700		Pix2	22.5	35,456	7,706	43,162	1,915
700		Pix3	24.2	42,545	9,090	51,635	2,133
700		Pix4	28.7	50,027	10,360	60,387	2,104
701	Splenectomy		4.8	7,141	1,738	8,879	1,844
701		Pix1	4.1	6,370	1,568	7,938	1,924
701		Pix2	9.5	11,234	2,506	13,740	1,446
701		Pix3	7.4	8,452	2,884	11,336	1,532
701		Pix4	26.2	37,501	9,617	47,118	1,798

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Indirect Cost			
703	Other O.R. Procedures Of Blood And Blood-Forming Organs		5.1	6,276	1,586	7,862	1,536	170
703		P1x1	4.0	4,559	1,232	5,791	1,440	137
703		P1x2	8.9	13,778	2,635	16,413	1,836	17
703		P1x3	13.1	13,141	3,222	16,363	1,251	12
703		P1x4	30.2	45,169	10,110	55,279	1,831	16
704	Red Blood Cell Disorders		5.6	3,919	1,037	4,956	889	1,017
704		P1x1	4.8	3,221	876	4,097	862	759
704		P1x2	7.7	5,307	1,383	6,691	874	145
704		P1x3	9.4	6,487	1,754	8,241	875	81
704		P1x4	15.0	13,014	3,346	16,361	1,092	46
709	Coagulation Disorders		3.9	2,939	787	3,727	961	413
709		P1x1	3.4	2,548	697	3,245	941	352
709		P1x2	6.6	5,257	1,279	6,536	995	30
709		P1x3	12.7	9,182	2,437	11,619	912	30
709		P1x4	12.4	11,942	2,841	14,783	1,192	15
710	Reticuloendothelial And Immunity Disorders		5.1	5,016	1,253	6,269	1,236	721
710		P1x1	4.6	4,327	1,098	5,425	1,191	590
710		P1x2	6.8	7,380	1,814	9,194	1,356	77
710		P1x3	8.7	9,413	2,268	11,682	1,345	38
710		P1x4	15.9	18,971	4,432	23,403	1,473	26
725	Major Leukemia And Lymphoma Procedures		6.5	8,231	2,207	10,438	1,597	245
725		P1x1	4.1	5,813	1,643	7,456	1,819	182
725		P1x2	10.4	9,670	2,709	12,379	1,191	28
725		P1x3	14.8	15,383	3,885	19,269	1,299	12
725		P1x4	34.3	45,128	10,271	55,399	1,615	33
726	Acute Leukemia Without Major Procedures		18.2	20,230	4,763	24,993	1,376	400
726		P1x1	9.0	9,232	2,252	11,484	1,282	167
726		P1x2	18.1	17,329	3,772	21,101	1,169	19
726		P1x3	17.3	18,213	4,333	22,546	1,306	60
726		P1x4	27.5	32,533	7,707	40,241	1,462	146

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Indirect Cost			
728	Lymphoma And Chronic Leukemia With Other Procedures		11.8	11,539	2,785	14,324	1,215	354
728		Pk1	6.6	6,446	1,618	8,064	1,227	215
728		Pk2	15.1	13,173	3,137	16,310	1,081	36
728		Pk3	15.7	14,515	3,747	18,262	1,163	30
728		Pk4	26.3	28,789	6,550	35,340	1,343	69
730	Lymphoma And Chronic Leukemia		10.6	8,326	2,046	10,371	979	775
730		Pk1	7.1	5,206	1,276	6,482	916	407
730		Pk2	11.0	7,908	2,074	9,982	907	157
730		Pk3	13.0	9,109	2,424	11,533	889	96
730		Pk4	22.1	22,174	5,067	27,241	1,232	112
733	Major Ill-Defined Neoplasm Procedures		10.3	11,612	3,055	14,667	1,428	111
733		Pk1	6.1	7,526	2,056	9,582	1,564	63
733		Pk2	14.0	12,543	3,594	16,137	1,153	22
733		Pk3	20.6	21,072	4,754	25,826	1,251	11
733		Pk4	25.3	30,146	7,888	38,034	1,501	18
734	Ill-Defined Neoplasm With Other Procedures		6.7	6,741	1,741	8,482	1,265	91
734		Pk1	3.8	4,836	1,248	6,085	1,617	63
734		Pk2	7.9	7,454	2,213	9,667	1,230	7
734		Pk3	18.8	14,917	3,988	18,905	1,004	12
734		Pk4	31.1	33,692	7,379	41,071	1,319	15
735	PWS - Radiation Therapy		4.9	3,617	933	4,550	937	324
735		Pk1	3.7	2,994	770	3,764	1,015	292
735		Pk2	13.7	8,329	2,202	10,531	769	16
735		Pk3	29.1	19,849	4,695	24,544	844	14
735		Pk4	24.8	18,241	4,771	23,012	930	8
736	Chemotherapy		3.3	4,043	924	4,967	1,484	1,475
736		Pk1	3.2	3,885	889	4,774	1,483	1,385
736		Pk2	6.7	7,412	1,815	9,227	1,371	26
736		Pk3	8.8	9,188	2,100	11,288	1,277	57
736		Pk4	18.8	16,909	3,825	20,735	1,101	79

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
737	Other Poorly Differentiated Neoplastic Diagnoses		11.5	7,478	2,051	9,529	828
737		Pix1	8.0	5,242	1,363	6,605	830
737		Pix2	12.8	7,946	2,236	10,182	795
737		Pix3	14.0	10,265	2,907	13,173	941
737		Pix4	20.3	13,237	3,810	17,046	838
750	Multisystemic Or Unspecified Site Infections With Surgery		16.0	20,434	4,836	25,271	1,579
750		Pix1	7.9	6,870	1,912	8,782	1,112
750		Pix2	14.4	13,347	3,619	16,966	1,178
750		Pix3	18.0	16,194	4,383	20,577	1,143
750		Pix4	36.8	57,492	12,956	70,448	1,912
751	Septicemia		7.8	8,141	1,973	10,113	1,290
751		Pix1	5.9	4,205	1,148	5,352	908
751		Pix2	8.2	6,656	1,749	8,406	1,023
751		Pix3	8.7	8,283	2,064	10,347	1,192
751		Pix4	11.9	15,668	3,598	19,266	1,617
756	Post-Operative And Post-Traumatic Infections		5.0	3,086	892	3,978	802
756		Pix1	4.9	2,993	887	3,881	787
756		Pix2	7.8	5,307	1,498	6,805	873
756		Pix3	6.2	4,019	1,056	5,075	816
756		Pix4	14.8	15,020	3,680	18,700	1,267
757	Viral Illness		3.3	2,543	705	3,247	972
757		Pix1	2.9	2,119	609	2,728	940
757		Pix2	3.9	3,160	964	4,124	1,048
757		Pix3	7.4	6,378	1,478	7,855	1,057
757		Pix4	17.6	19,398	4,179	23,576	1,340
761	Fever Of Unknown Origin		3.2	2,422	649	3,071	973
761		Pix1	3.3	2,373	651	3,024	916
761		Pix2	5.4	4,261	1,054	5,315	991
761		Pix3	5.8	4,572	1,181	5,753	989
761		Pix4	15.9	12,013	2,964	14,977	943

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
763	Other Infectious Diagnoses		6.4	5,598	1,427	7,026	1,102
763		Pix1	5.3	4,179	1,102	5,281	1,005
763		Pix2	8.1	6,589	1,766	8,355	1,026
763		Pix3	9.4	7,560	1,953	9,513	1,011
763		Pix4	19.6	22,209	4,978	27,187	1,384
764	Depressive Mood Disorders With ECT		38.0	14,499	4,939	19,439	512
764		Pix9	38.0	14,499	4,939	19,439	512
765	Depressive Mood Disorders Without ECT With Axis III Diagnosis		26.4	11,595	3,502	15,098	572
765		Pix9	26.4	11,595	3,502	15,098	572
766	Depressive Mood Disorders Without ECT Without Axis III Diagnosis		20.2	7,695	2,372	10,067	498
766		Pix9	20.2	7,695	2,372	10,067	498
767	Depressive Mood Disorders LOS < 6 Days		3.0	1,877	530	2,406	811
767		Pix9	3.0	1,877	530	2,406	811
768	Bipolar Mood Disorders, Manic With ECT		41.6	18,190	5,939	24,129	580
768		Pix9	41.6	18,190	5,939	24,129	580
769	Bipolar Mood Disorders, Manic Without ECT With Axis III Diagnosis		27.5	13,016	3,981	16,997	617
769		Pix9	27.5	13,016	3,981	16,997	617
770	Bipolar Mood Disorders, Manic Without ECT Without Axis III Diagnosis		21.2	9,037	2,803	11,840	558
770		Pix9	21.2	9,037	2,803	11,840	558
771	Bipolar Mood Disorders LOS < 6 Days		3.1	1,854	547	2,402	766
771		Pix9	3.1	1,854	547	2,402	766
772	Dementia With Or Without Delirium With Axis III Diagnosis		38.5	18,153	5,612	23,765	618
772		Pix9	38.5	18,153	5,612	23,765	618
773	Dementia With Or Without Delirium Without Axis III Diagnosis		33.2	15,036	4,543	19,580	589
773		Pix9	33.2	15,036	4,543	19,580	589
774	Organic Mental Disorders Induced By Drugs		8.5	4,434	1,307	5,741	678
774		Pix9	8.5	4,434	1,307	5,741	678
775	Schizophrenia And Other Psychotic Disorders With ECT		42.9	20,118	6,298	26,416	615
775		Pix9	42.9	20,118	6,298	26,416	615
776	Schizophrenia And Other Psychotic Disorders W/O ECT With Axis III Diagnosis		30.2	13,331	4,036	17,967	595

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Direct Cost	Cost per Day	Costed Cases
776		Pix9	30.2	13,931	4,036	17,967	595	449	
777	Schizophrenia And Other Psychotic Disorders W/O ECT Or Axis III Diagnosis		25.1	10,550	3,156	13,706	545	2,561	
777		Pix9	25.1	10,550	3,156	13,706	545	2,561	
778	Schizophrenia And Other Psychotic Disorders LOS < 6 Days		3.0	1,856	510	2,366	798	497	
778		Pix9	3.0	1,856	510	2,366	798	497	
779	Dissociative Disorders		6.1	3,534	935	4,469	730	108	
779		Pix9	6.1	3,534	935	4,469	730	108	
780	Alcohol Induced Organic Mental Disorders With Axis III Diagnosis		8.4	5,686	1,627	7,313	872	301	
780		Pix9	8.4	5,686	1,627	7,313	872	301	
781	Alcohol Induced Organic Mental Disorders Without Axis III Diagnosis		5.1	2,725	804	3,529	695	368	
781		Pix9	5.1	2,725	804	3,529	695	368	
783	Psychoactive Substance Dependence		8.5	4,395	1,265	5,660	665	889	
783		Pix9	8.5	4,395	1,265	5,660	665	889	
784	Psychoactive Substance Abuse		4.6	2,655	757	3,411	744	760	
784		Pix9	4.6	2,655	757	3,411	744	760	
785	Developmental Delay		21.3	12,051	3,508	15,559	730	123	
785		Pix9	21.3	12,051	3,508	15,559	730	123	
786	Disruptive Behaviour Disorders		18.7	10,961	3,070	14,031	752	435	
786		Pix9	18.7	10,961	3,070	14,031	752	435	
787	Eating Disorders		23.1	13,150	3,312	16,462	714	236	
787		Pix9	23.1	13,150	3,312	16,462	714	236	
788	Organic Mental Disorders Associated W Physical Disorders W Axis III Diagnosis		20.5	10,901	3,302	14,203	693	339	
788		Pix9	20.5	10,901	3,302	14,203	693	339	
789	Organic Mental Disorders Associated W Physical Disorders W/O Axis III Diagnosis		17.0	8,256	2,474	10,730	632	268	
789		Pix9	17.0	8,256	2,474	10,730	632	268	
790	Somatoform Disorders		6.5	3,063	855	3,918	603	56	
790		Pix9	6.5	3,063	855	3,918	603	56	
791	Anxiety Disorders (MNRH)		11.4	5,166	1,569	6,735	592	353	
791		Pix9	11.4	5,166	1,569	6,735	592	353	

Schedule 1 – Inpatient Cost Results

CMG Code Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
			Direct Cost	Indirect Cost			
792 Adjustment Disorders (MNRH)		3.9	2,326	659	2,985	759	2,729
792	Pix9	3.9	2,326	659	2,985	759	2,729
793 Personality Disorders With Axis III Diagnosis (MNRH)		10.0	5,580	1,564	7,144	712	94
793	Pix9	10.0	5,580	1,564	7,144	712	94
794 Personality Disorders Without Axis III Diagnosis (MNRH)		3.9	2,286	671	2,957	766	713
794	Pix9	3.9	2,286	671	2,957	766	713
795 Sexual Dysfunction And Sexual Disorders (MNRH)		12.9	9,443	2,720	12,164	944	25
795	Pix9	12.9	9,443	2,720	12,164	944	25
796 Specific Developmental Disorders (MNRH)		18.1	10,299	2,873	13,171	730	20
796	Pix9	18.1	10,299	2,873	13,171	730	20
797 Miscellaneous Psychiatric Diagnoses (MNRH)		11.4	6,730	1,963	8,693	764	79
797	Pix9	11.4	6,730	1,963	8,693	764	79
803 Extensive Procedures For Injury Or Complication Of Treatment		11.5	14,237	3,674	17,911	1,553	562
803	Pix1	7.0	8,460	2,226	10,687	1,535	331
803	Pix2	10.2	13,597	3,454	17,051	1,672	61
803	Pix3	16.4	17,473	4,714	22,187	1,354	62
803	Pix4	41.4	59,893	14,375	74,268	1,794	135
804 Non-Extensive Procedures For Injury Or Complication Of Treatment		4.1	4,599	1,250	5,849	1,442	1,328
804	Pix1	3.0	3,457	973	4,430	1,484	1,123
804	Pix2	10.4	9,355	2,676	12,031	1,161	116
804	Pix3	13.8	12,965	3,274	16,239	1,180	58
804	Pix4	29.7	38,504	9,199	47,703	1,608	82
805 MNRH Procedures For Injury Or Complication Of Treatment		3.6	3,391	1,024	4,415	1,238	261
805	Pix1	2.9	2,916	899	3,815	1,319	233
805	Pix2	10.5	8,713	2,412	11,125	1,064	11
805	Pix3	11.9	8,573	2,735	11,308	950	10
805	Pix4	43.4	36,080	9,190	45,270	1,042	7
811 Allergic Reaction		1.8	1,701	429	2,129	1,199	98
811	Pix1	1.7	1,578	399	1,977	1,148	90
811	Pix2	1.7	1,490	394	1,884	1,130	3

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
811		Pix3	3.3	4,331	1,001	5,332	1,600
811		Pix4	6.8	5,963	1,438	7,402	1,088
813	Drug Reactions		2.5	2,473	625	3,098	1,220
813		Pix1	2.3	2,061	535	2,597	1,108
813		Pix2	5.0	3,941	1,066	5,007	996
813		Pix3	4.2	4,611	1,127	5,738	1,357
813		Pix4	8.7	12,344	2,847	15,192	1,742
818	Complications Of Treatment		3.8	2,942	773	3,714	978
818		Pix1	3.2	2,337	637	2,973	935
818		Pix2	6.9	5,742	1,421	7,164	1,039
818		Pix3	9.2	7,854	1,851	9,704	1,055
818		Pix4	16.8	16,684	3,905	20,589	1,229
823	Minor Injuries And Trauma Diagnosis		2.7	2,943	654	3,598	1,349
823		Pix1	2.2	2,154	483	2,637	1,222
823		Pix2	6.2	4,950	1,183	6,132	984
823		Pix3	7.7	6,155	1,480	7,635	987
823		Pix4	10.9	19,739	4,485	24,225	2,216
830	PWS - Extensive Burns With Skin Graft Wound Debridement Or Other Burn Procedures		31.7	59,907	13,282	73,189	2,308
830		Pix1	21.2	32,637	7,940	40,577	1,917
830		Pix2	18.7	30,841	8,353	39,194	2,100
830		Pix3					
830		Pix4	68.0	149,365	32,056	181,421	2,666
831	Extensive Burns Without Burn Procedures		9.3	11,835	2,790	14,625	1,578
831		Pix1	9.6	10,668	2,615	13,283	1,378
831		Pix2	13.0	13,526	3,311	16,837	1,295
831		Pix3					
831		Pix4	20.0	33,684	6,845	40,530	2,026
832	PWS - Non-Extensive Burns With Skin Graft		11.7	13,903	3,546	17,449	1,497
832		Pix1	10.5	11,924	3,096	15,020	1,425
832		Pix2	19.0	24,510	6,012	30,522	1,606
832		Pix3					
832		Pix4					

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Indirect Cost			
832		Pix3	24.4	33,350	8,044	41,394	1,693	9
832		Pix4	62.6	126,010	25,895	151,905	2,428	7
833	Non-Extensive Burns With Wound Debridement Or Other Burn Procedures		4.8	4,735	1,341	6,075	1,266	5
833		Pix1	3.8	4,002	993	4,995	1,332	4
833		Pix2						
833		Pix3	9.0	7,665	2,731	10,396	1,155	1
833		Pix4						
834	Non-Extensive Burns Without Burn Procedures		4.4	4,444	1,050	5,494	1,256	181
834		Pix1	4.1	4,061	978	5,039	1,231	171
834		Pix2	7.4	11,151	2,404	13,554	1,832	5
834		Pix3	15.8	12,057	3,101	15,158	957	6
834		Pix4	18.8	20,196	4,412	24,609	1,309	5
840	Other Admissions With Surgery		33.6	26,110	6,501	32,610	970	844
840		Pix1	6.5	6,046	1,755	7,801	1,209	468
840		Pix2	41.3	26,953	7,138	34,091	825	94
840		Pix3	64.7	46,655	11,535	58,189	900	74
840		Pix4	86.1	76,941	17,434	94,375	1,096	167
841	Rehabilitation		40.7	20,238	5,748	25,987	638	3,380
841		Pix1	36.4	17,388	5,000	22,388	615	1,996
841		Pix2	44.7	23,370	6,556	29,926	670	715
841		Pix3	48.5	23,660	6,615	30,276	624	380
841		Pix4	60.2	33,416	9,364	42,780	711	318
842	Signs And Symptoms		11.6	5,859	1,719	7,578	655	792
842		Pix1	8.3	4,242	1,233	5,475	657	535
842		Pix2	16.5	8,136	2,441	10,577	640	134
842		Pix3	20.0	10,054	2,987	13,041	652	69
842		Pix4	28.7	16,859	4,922	21,782	759	48
846	Aftercare Following Surgery Or Treatment		1.3	1,082	323	1,406	1,118	4,381
846		Pix1	1.2	1,067	319	1,386	1,111	4,308
846		Pix2	4.0	3,401	1,035	4,435	1,109	78

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average		Cost per Day	Costed Cases
				Direct	Cost		Cost	Cost		
846		Pk3	6.6	5,267	1,431	6,697	1,017	12		
846		Pk4	9.4	10,418	2,337	12,755	1,357	5		
847	Other Specified Aftercare		15.2	9,130	2,957	12,087	794	1,128		
847		Pk1	14.6	8,694	2,854	11,548	792	987		
847		Pk2	16.9	10,079	2,918	12,997	771	75		
847		Pk3	17.0	10,948	3,317	14,265	841	32		
847		Pk4	22.7	15,743	4,823	20,567	908	29		
849	Multiple Or Unspecified Congenital Anomalies		6.5	8,637	2,240	10,876	1,673	10		
849		Pk1	2.0	3,086	732	3,818	1,909	6		
849		Pk2	12.0	20,957	4,532	25,489	2,124	2		
849		Pk3	8.0	4,968	1,732	6,700	838	2		
849		Pk4								
850	Perinatal Conditions Age > 28 Days		20.9	17,120	4,033	21,153	1,010	154		
850		Pk1	20.7	15,755	3,577	19,332	936	82		
850		Pk2	22.5	18,905	4,013	22,918	1,020	15		
850		Pk3	17.3	13,550	3,158	16,708	964	43		
850		Pk4	42.8	48,527	13,647	62,174	1,452	18		
851	Other Factors Causing Hospitalization		3.9	2,737	747	3,485	900	476		
851		Pk1	3.4	2,523	675	3,198	943	443		
851		Pk2	7.5	4,009	1,247	5,255	705	22		
851		Pk3	12.7	6,955	2,260	9,215	725	7		
851		Pk4	16.8	7,347	2,859	10,206	608	5		
852	Procedures Cancelled (MNRH)		1.0	361	106	466	466	1,034		
852		Pk1	1.0	355	104	460	460	1,015		
852		Pk2	1.0	602	151	753	753	14		
852		Pk3	1.0	810	247	1,057	1,057	5		
852		Pk4								
860	Respiratory Tract Disorders With HIV		9.2	8,388	1,970	10,358	1,125	86		
860		Pk9	9.2	8,388	1,970	10,358	1,125	86		
861	CNS Infection With HIV		14.3	10,768	2,361	13,128	916	9		

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Direct Cost	Cost per Day	Costed Cases
				LOS	Cost				
861		P1x9	14.3	10,768	2,361	13,128	916	9	
862	GI And Hepatobiliary Disorders With HIV		9.2	5,434	1,427	6,861	748	17	
862		P1x9	9.2	5,434	1,427	6,861	748	17	
863	Ophthalmic Disorders With HIV		15.0	11,706	3,047	14,754	984	8	
863		P1x9	15.0	11,706	3,047	14,754	984	8	
864	Blood Infections With HIV		19.7	9,307	2,900	12,206	619	7	
864		P1x9	19.7	9,307	2,900	12,206	619	7	
865	Lymphoma With HIV		23.3	22,938	6,822	29,760	1,275	3	
865		P1x9	23.3	22,938	6,822	29,760	1,275	3	
866	Psychosocial Conditions With HIV		46.0	28,483	8,109	36,592	795	6	
866		P1x9	46.0	28,483	8,109	36,592	795	6	
867	Other Conditions Associated With HIV		12.0	11,540	2,839	14,379	1,198	5	
867		P1x9	12.0	11,540	2,839	14,379	1,198	5	
868	Miscellaneous Conditions With HIV		11.5	9,057	2,488	11,545	1,000	48	
868		P1x9	11.5	9,057	2,488	11,545	1,000	48	
880	Amputation Of Lower Limb Except Toe With Major Vascular Surgery		26.3	24,710	7,173	31,884	1,212	82	
880		P1x1	15.7	13,850	4,234	18,084	1,151	31	
880		P1x2	17.0	14,974	5,160	20,133	1,184	11	
880		P1x3	20.1	21,034	6,178	27,212	1,355	12	
880		P1x4	49.4	45,102	12,684	57,787	1,169	29	
881	Amputation Of Lower Limb Except Toe		20.3	15,203	4,436	19,638	968	432	
881		P1x1	11.4	8,114	2,573	10,687	934	190	
881		P1x2	18.0	14,614	4,127	18,741	1,041	85	
881		P1x3	25.5	16,943	5,168	22,111	866	63	
881		P1x4	48.3	36,760	10,040	46,800	970	100	
882	Wound Debridement Or Other Amputation With Major Vascular Surgery		23.5	20,659	5,687	26,346	1,120	19	
882		P1x1	14.8	11,958	3,320	15,278	1,030	6	
882		P1x2	19.0	16,006	4,116	20,121	1,059	5	
882		P1x3	21.4	18,576	5,827	24,403	1,140	5	
882		P1x4	43.2	37,723	9,953	47,676	1,104	6	

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
883	Wound Debridement And Grafting Other Than Hand		18.8	14,661	4,166	18,827	999
883		Pk1	13.5	10,066	3,031	13,098	969
883		Pk2	17.7	11,306	3,771	15,077	853
883		Pk3	18.8	12,911	3,798	16,709	889
883		Pk4	56.9	62,817	15,847	78,664	1,383
884	Other Amputations Including Toe		13.5	9,784	2,856	12,640	936
884		Pk1	7.8	5,430	1,624	7,054	902
884		Pk2	13.6	10,516	3,182	13,698	1,005
884		Pk3	24.7	14,590	4,389	18,979	768
884		Pk4	35.1	28,103	7,600	35,704	1,017
885	PWS - Aortic Replacement		8.7	15,678	3,450	19,128	2,189
885		Pk1	6.8	12,649	2,714	15,363	2,245
885		Pk2	10.8	16,687	4,073	20,760	1,919
885		Pk3	12.5	19,438	4,287	23,726	1,895
885		Pk4	17.5	32,679	7,360	40,039	2,291
887	Vascular Bypass Surgery		8.8	11,641	3,250	14,892	1,697
887		Pk1	7.1	9,276	2,646	11,922	1,686
887		Pk2	10.8	11,761	3,725	15,486	1,435
887		Pk3	11.7	14,856	3,863	18,719	1,599
887		Pk4	20.7	32,202	8,276	40,478	1,952
890	Other Thoraco-Abdominal Procedures		10.6	13,925	2,984	16,909	1,595
890		Pk1	6.3	7,930	1,688	9,619	1,533
890		Pk2	9.4	9,994	2,502	12,496	1,329
890		Pk3	13.6	12,442	2,895	15,337	1,130
890		Pk4	24.2	38,805	8,517	47,322	1,953
891	Vascular Repair		5.4	8,768	2,052	10,821	2,019
891		Pk1	4.0	6,728	1,616	8,344	2,101
891		Pk2	9.5	10,283	2,759	13,043	1,367
891		Pk3	8.3	11,624	2,692	14,317	1,715
891		Pk4	23.2	37,245	7,728	44,972	1,936

Schedule 1 – Inpatient Cost Results

CMG Code Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
			Direct Cost	Indirect Cost			
892 Other Vascular Procedures		4.8	6,215	1,499	7,714	1,615	139
892	Plx1	4.3	5,775	1,406	7,182	1,652	115
892	Plx2	9.3	9,680	2,384	12,064	1,295	16
892	Plx3	8.7	11,917	2,754	14,672	1,686	10
892	Plx4	33.6	35,987	9,007	44,994	1,339	5
893 Vein Ligation And Stripping (MNRH)		1.0	1,417	612	2,029	2,029	49
893	Plx1	1.0	1,417	612	2,029	2,029	49
893	Plx2	1.0	1,235	565	1,800	1,800	2
893	Plx3						
893	Plx4						
895 Deep Vein Thrombophlebitis		6.8	3,909	1,076	4,984	729	495
895	Plx1	5.9	3,310	929	4,239	724	330
895	Plx2	7.3	4,254	1,148	5,402	735	103
895	Plx3	12.6	7,302	1,948	9,250	735	53
895	Plx4	21.7	15,425	4,154	19,579	902	14
898 Peripheral Vascular Disease		5.5	4,297	1,144	5,441	992	352
898	Plx1	4.4	3,393	892	4,285	974	251
898	Plx2	7.8	5,512	1,517	7,029	900	59
898	Plx3	13.5	8,681	2,401	11,082	824	35
898	Plx4	17.5	14,813	3,906	18,719	1,071	21
900 Extensive Unrelated O.R. Procedures		20.5	24,573	5,949	30,522	1,490	580
900	Plx1	8.0	12,986	3,029	16,015	2,003	217
900	Plx2	20.8	17,935	4,980	22,915	1,104	65
900	Plx3	25.4	23,042	5,936	28,978	1,141	78
900	Plx4	35.5	42,930	10,233	53,163	1,499	229
901 Non-Extensive Unrelated O.R. Procedures		12.6	13,186	3,273	16,459	1,302	1,565
901	Plx1	6.1	6,006	1,577	7,583	1,249	863
901	Plx2	14.5	11,504	3,065	14,569	1,004	168
901	Plx3	19.9	16,420	4,280	20,701	1,043	193
901	Plx4	30.8	36,772	8,734	45,506	1,477	366

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost		Average Indirect Cost		Average Cost per Day	Costed Cases
				Cost	Cost	Cost	Cost		
902	Post-Operative Complications With Unrelated O.R. Procedures		10.7	12,232	3,408	15,640	1,466	154	
902		Pkx1	4.4	5,280	1,536	6,815	1,543	79	
902		Pkx2	14.3	13,589	4,248	17,836	1,249	28	
902		Pkx3	18.5	16,126	4,277	20,403	1,105	15	
902		Pkx4	25.1	35,347	8,747	44,094	1,754	35	
906	Unrelated O.R. Procedures (MNRH)		10.5	8,936	2,409	11,345	1,079	290	
906		Pkx1	6.1	5,349	1,513	6,862	1,130	196	
906		Pkx2	19.9	12,702	3,543	16,244	815	34	
906		Pkx3	23.1	16,814	4,476	21,290	921	27	
906		Pkx4	25.1	24,215	5,846	30,061	1,198	35	
908	Other Major Procedures For Gynecological Malignancy		3.3	3,631	1,214	4,845	1,472	31	
908		Pkx1	3.5	3,783	1,246	5,029	1,443	31	
908		Pkx2	9.0	8,591	2,889	11,480	1,276	3	
908		Pkx3							
908		Pkx4							
909	Obsolete Psychiatric Diagnoses (MNRH)		10.9	4,955	1,468	6,424	592	335	
909		Pkx9	10.9	4,955	1,468	6,424	592	335	
910	Diagnosis Not Generally Hospitalized		1.6	2,038	505	2,543	1,609	162	
910		Pkx9	1.6	2,038	505	2,543	1,609	162	
912	Obstetric Codes Invalid As Most Responsible Diagnosis		1.8	1,430	421	1,851	1,028	15	
912		Pkx9	1.8	1,430	421	1,851	1,028	15	
996	Cadaveric Donor Organ and Tissue Retrieval								
996		Pkx9							
997	Stillbirths								
997		Pkx9							
998	Neonate With Catastrophic Diagnosis LOS < 6 Days		2.8	2,613	494	3,107	1,130	8	
998		Pkx9	2.8	2,613	494	3,107	1,130	8	
999	Ungroupable Data		2.3	1,742	515	2,257	1,003	44	
999		Pkx9	2.3	1,742	515	2,257	1,003	44	

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
001	PWS - Craniotomy Procedures		1,043	1,052	2,095	15,995	14,768	15,379	7.4	7.2	7.3
001		Pix1	826	829	1,655	13,079	12,330	12,704	6.2	6.1	6.1
001		Pix2	92	101	193	21,885	18,043	19,874	10.3	10.3	10.3
001		Pix3	59	65	124	28,692	23,240	25,834	15.1	12.6	13.7
001		Pix4	115	113	228	55,744	59,638	57,674	25.3	27.5	26.4
003	PWS - Spinal Procedures		123	149	272	11,217	10,223	10,673	5.9	5.9	5.9
003		Pix1	104	120	224	9,530	8,749	9,112	5.2	4.9	5.0
003		Pix2	15	13	28	18,207	13,855	16,186	13.0	10.1	11.6
003		Pix3	4	14	18	31,103	19,476	22,060	18.0	10.4	12.1
003		Pix4	12	7	19	51,312	30,278	43,562	25.8	27.4	26.4
004	PWS - Extracranial Vascular Procedures		256	339	595	7,140	6,831	6,964	3.4	3.3	3.3
004		Pix1	223	298	521	6,442	6,103	6,248	2.8	2.8	2.8
004		Pix2	22	13	35	15,422	14,251	14,987	10.2	9.4	9.9
004		Pix3	10	14	24	17,538	12,480	14,588	10.3	7.8	8.8
004		Pix4	10	13	23	37,236	25,245	30,458	19.1	14.3	16.4
005	PWS - Ventricular Shunt Revision		75	86	161	6,301	6,124	6,207	3.0	2.9	3.0
005		Pix1	72	78	150	6,236	5,983	6,105	2.9	2.8	2.9
005		Pix2	3	6	9	11,940	10,874	11,230	8.7	6.3	7.1
005		Pix3	1	3	5	6,804	6,175	6,887	4.0	3.0	3.3
005		Pix4									
006	Carpal Tunnel Release And Specified Nervous System Procedures		85	82	167	5,920	5,875	5,898	2.7	2.8	2.7
006		Pix1	82	75	157	5,743	5,602	5,676	2.5	2.5	2.5
006		Pix2	1	3	5	10,110	6,306	6,462	9.0	4.7	5.8
006		Pix3	3	1	5	20,995	12,707	19,673	26.7	15.0	23.8
006		Pix4	5	3	8	89,157	24,495	64,909	37.4	23.0	32.0
007	Peripheral, Cranial Nerve And Other Neurological Procedures		39	35	74	19,665	23,180	21,327	14.4	13.4	13.9
007		Pix1	25	19	44	12,531	10,313	11,574	6.9	6.3	6.7
007		Pix2	2	4	6	20,698	19,285	19,756	24.0	12.8	16.5
007		Pix3		1	3		47,706	28,272	30.0	30.0	30.0

Schedule 2 – Inpatient Yearly Comparisons

CMG Code Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
007	Plx4	11	10	21	41,780	48,903	45,172	28.9	26.8	27.9
010 Neoplasms Of Nervous System		249	253	502	8,760	7,964	8,308	10.6	9.8	10.2
010	Plx1	178	166	344	6,719	6,241	6,489	8.5	7.7	8.1
010	Plx2	37	55	92	10,486	8,988	9,590	14.8	12.2	13.2
010	Plx3	23	22	45	16,672	14,836	15,774	13.8	18.5	16.1
010	Plx4	7	12	19	30,381	18,654	22,975	19.7	18.8	19.1
011 Degenerative Nervous Disorders		165	142	307	12,942	11,743	12,388	18.4	15.2	16.9
011	Plx1	124	102	226	9,430	8,701	9,101	14.4	12.3	13.5
011	Plx2	18	15	33	22,084	16,664	19,620	32.7	25.1	29.3
011	Plx3	14	17	31	20,400	18,734	19,486	26.6	21.8	23.9
011	Plx4	9	13	22	34,609	38,058	36,647	36.2	44.5	41.1
012 Multiple Sclerosis And Cerebellar Disorders		116	101	217	7,031	6,389	6,732	9.3	7.6	8.5
012	Plx1	99	88	187	5,773	5,467	5,629	7.7	6.8	7.3
012	Plx2	9	10	19	11,184	20,670	16,177	17.6	23.8	20.8
012	Plx3	8	5	13	21,664	20,204	21,103	36.4	27.4	32.9
012	Plx4	1	3	5	29,849	16,930	28,533	26.0	22.3	23.3
Specific Cerebrovascular Disorders Except Transient Ischemic Attacks		1,713	1,597	3,310	8,795	8,233	8,524	9.0	8.7	8.9
013	Plx1	1,272	1,165	2,437	6,335	5,832	6,095	6.6	6.1	6.4
013	Plx2	183	198	381	14,160	14,349	14,258	16.8	18.0	17.4
013	Plx3	138	124	262	16,465	15,572	16,042	16.5	17.2	16.8
013	Plx4	129	138	267	26,993	25,753	26,352	22.4	24.9	23.7
014 Transient Ischemic Attacks And Precerebral Occlusions		571	541	1,112	3,806	4,109	3,953	3.7	3.8	3.7
014	Plx1	521	489	1,010	3,400	3,713	3,551	3.3	3.4	3.4
014	Plx2	32	35	67	7,306	8,581	7,972	8.6	9.9	9.2
014	Plx3	16	23	39	14,094	13,651	13,833	11.8	14.6	13.4
014	Plx4	10	10	20	20,266	23,615	21,940	20.8	23.4	22.1
015 Nonspecific Cerebrovascular Disorders		77	79	156	6,591	6,805	6,699	6.1	6.5	6.3
015	Plx1	56	62	118	5,224	4,710	4,954	4.7	5.3	5.0
015	Plx2	11	5	16	9,208	5,674	8,104	10.0	7.0	9.1

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
015		Ptx3	6	5	11	7,096	8,865	7,900	6.3	6.8	6.5
015		Ptx4	4	8	12	18,189	30,036	26,087	17.3	27.8	24.3
017	Cranial And Peripheral Nerve Diseases		179	157	336	6,483	6,000	6,257	8.2	7.3	7.8
017		Ptx1	145	125	270	5,634	4,682	5,193	6.8	6.1	6.5
017		Ptx2	14	14	28	11,334	8,627	9,980	16.8	11.1	13.9
017		Ptx3	16	10	26	9,721	9,648	9,693	12.1	13.6	12.7
017		Ptx4	8	10	18	39,879	48,023	44,403	56.9	35.7	45.1
018	Viral Meningitis		90	99	189	2,269	2,224	2,245	3.1	2.7	2.9
018		Ptx1	87	97	184	2,195	2,207	2,202	3.0	2.7	2.8
018		Ptx2	2	1	5	11,757	4,955	7,583	8.5	7.0	8.0
018		Ptx3	1	1	5	6,103	1,156	4,805	7.0	1.0	4.0
018		Ptx4	1		1	3,078		3,078	5.0		5.0
019	Infection Except Viral Meningitis		172	182	354	7,866	8,230	8,053	7.1	7.0	7.1
019		Ptx1	132	130	262	5,406	5,211	5,309	5.8	5.2	5.5
019		Ptx2	19	13	32	11,365	11,274	11,328	9.4	8.0	8.8
019		Ptx3	9	18	27	15,812	14,093	14,666	14.1	13.3	13.6
019		Ptx4	13	23	36	33,716	27,129	29,508	23.0	18.8	20.3
020	Hypertensive Encephalopathy		8	6	14	14,866	12,440	13,826	10.8	8.8	9.9
020		Ptx1	4	4	8	5,059	3,282	4,170	5.0	3.8	4.4
020		Ptx2	2	1	3	13,479	30,810	19,256	14.0	17.0	15.0
020		Ptx3									
020		Ptx4	2		2	35,866		35,866	19.0		19.0
021	Non-Traumatic Stupor And Coma		90	76	166	4,914	5,961	5,348	4.6	5.9	5.2
021		Ptx1	63	46	109	4,588	4,248	4,445	4.3	4.8	4.5
021		Ptx2	14	14	28	4,292	7,013	5,653	4.5	8.9	6.7
021		Ptx3	7	10	17	8,859	7,915	8,304	7.7	8.1	7.9
021		Ptx4	7	7	14	10,502	12,543	11,522	7.3	6.6	6.9
022	Seizure And Headache		1,116	1,058	2,174	3,366	3,435	3,399	3.2	3.3	3.2
022		Ptx1	1,021	967	1,988	3,153	3,233	3,192	3.1	3.2	3.1
022		Ptx2	68	48	116	7,419	6,920	7,212	7.1	6.2	6.7

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Phx Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
			2004/2005	2003/2004	Blended		2004/2005	2003/2004	Blended		2004/2005	2003/2004	Blended	
022		Pix3	45	50	95		9,150	7,169	8,107		7.2	6.7	6.9	
022		Pix4	30	25	55		23,145	25,063	24,017		12.3	14.9	13.5	
028	Other Nervous System Diagnoses		425	406	831		7,544	7,229	7,391		7.8	7.6	7.7	
028		Pix1	305	289	594		4,822	4,809	4,816		6.2	6.1	6.1	
028		Pix2	47	40	87		9,595	7,955	8,841		10.4	11.6	10.9	
028		Pix3	25	26	51		12,443	11,249	11,834		11.5	11.3	11.4	
028		Pix4	42	44	86		22,168	20,153	21,137		12.4	9.9	11.1	
040	Tracheostomy And Gastrostomy Procedures		235	265	500		74,388	85,141	80,087		45.7	51.2	48.6	
040		Pix1	44	37	81		32,101	31,778	31,954		32.0	31.8	31.9	
040		Pix2	8	5	13		33,146	32,640	32,951		34.6	23.2	30.2	
040		Pix3	32	30	62		38,281	41,400	39,790		36.2	40.0	38.0	
040		Pix4	149	194	343		97,674	105,600	102,157		51.3	58.2	55.2	
050	Orbital Procedures		314	375	689		2,320	2,285	2,301		1.3	1.3	1.3	
050		Pix1	310	372	682		2,312	2,283	2,296		1.3	1.4	1.3	
050		Pix2	5	5	10		6,204	7,215	6,709		4.0	7.8	5.9	
050		Pix3	1	3	5		2,431	8,296	6,580		2.0	6.3	5.3	
050		Pix4	1	2	5		42,057	27,711	22,030		10.0	15.0	13.3	
051	Other Intraocular Procedures		92	114	206		2,680	2,258	2,447		1.5	1.4	1.4	
051		Pix1	89	113	202		2,661	2,274	2,445		1.5	1.4	1.4	
051		Pix2	5	2	7		4,809	3,052	4,307		3.6	3.0	3.4	
051		Pix3												
051		Pix4												
052	Retinal Procedures		1,186	1,072	2,258		2,123	2,044	2,086		1.0	1.0	1.0	
052		Pix1	1,182	1,069	2,251		2,124	2,045	2,086		1.0	1.0	1.0	
052		Pix2	4	5	9		3,123	2,832	2,962		2.0	2.4	2.2	
052		Pix3	2	1	5		2,711	4,024	3,200		1.5	3.0	2.0	
052		Pix4	1		1		16,509		16,509		9.0		9.0	
053	Iris And Lens Procedures		15	6	21		2,555	2,964	2,672		1.4	1.8	1.5	
053		Pix1	15	6	21		2,555	2,964	2,672		1.4	1.8	1.5	
053		Pix2												

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
			2004/2005	2003/2004	Blended		2004/2005	2003/2004	Blended		2004/2005	2003/2004	Blended	
053		Ptx3		1	1		9,574	9,574			7.0	7.0		
053		Ptx4												
054	Extraocular Procedures		26	29	55		1,955	2,345	2,161		1.2	1.2	1.2	
054		Ptx1	23	24	47		1,952	2,273	2,116		1.0	1.0	1.0	
054		Ptx2	1		1		11,152		11,152		5.0		5.0	
054		Ptx3		1	2		15,387		17,463		20.0		20.0	
054		Ptx4		1	1		28,863		28,863		13.0		13.0	
055	Lens Insertion (MNRH)		245	140	385		3,129	2,964	3,069		1.0	1.0	1.0	
055		Ptx1	241	140	381		3,138	2,964	3,074		1.0	1.0	1.0	
055		Ptx2	3		3		2,907		2,907		1.3		1.3	
055		Ptx3	2		3		2,268		2,749		1.0		1.0	
055		Ptx4												
057	Other Ophthalmic Procedures (MNRH)		48	51	99		1,688	1,613	1,649		1.0	1.0	1.0	
057		Ptx1	47	51	98		1,660	1,613	1,635		1.0	1.0	1.0	
057		Ptx2	1	1	3		2,999	2,649	2,713		1.0	2.0	1.5	
057		Ptx3		1	2		3,738		2,898		4.0		4.0	
057		Ptx4												
060	Major Eye Infections		62	52	114		5,231	4,658	4,970		4.9	4.3	4.6	
060		Ptx1	57	49	106		4,900	4,541	4,734		4.6	4.2	4.4	
060		Ptx2	3	2	5		9,027	4,321	7,145		5.7	8.0	6.6	
060		Ptx3	4	1	5		19,555	5,030	16,650		28.0	4.0	23.2	
060		Ptx4												
062	Hypheema		4	4	8		2,581	1,988	2,285		3.0	3.0	3.0	
062		Ptx1	4	4	8		2,581	1,988	2,285		3.0	3.0	3.0	
062		Ptx2												
062		Ptx3												
062		Ptx4												
063	Other Ophthalmic Diagnoses (MNRH)		100	118	218		3,137	3,093	3,113		2.9	2.7	2.8	
063		Ptx1	94	109	203		3,083	2,854	2,960		2.8	2.5	2.7	
063		Ptx2	7	9	16		7,709	8,010	7,878		7.0	9.9	8.6	

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Px Level	Costed Cases				Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
063		Pix3	1	4	5		4,133	8,995	8,022	7.0	6.0	6.2
063		Pix4	1		4		21,403		20,857	17.0		17.0
075	PWS - Radical Laryngectomy And Glossectomy		74	77	151		45,395	37,615	41,428	18.8	17.9	18.3
075		Pix1	47	47	94		38,779	32,073	35,426	15.7	14.7	15.2
075		Pix2	7	8	15		51,943	47,436	49,539	24.9	23.4	24.1
075		Pix3	6	10	16		47,707	54,510	51,959	21.0	31.5	27.6
075		Pix4	18	14	32		72,211	47,351	61,335	33.0	22.7	28.5
076	PWS - Major Head And Neck Procedures		176	163	339		14,695	15,210	14,943	6.4	7.3	6.8
076		Pix1	146	121	267		9,130	9,785	9,427	4.4	4.5	4.4
076		Pix2	7	11	18		24,371	25,193	24,873	12.0	13.2	12.7
076		Pix3	7	9	16		39,964	20,242	28,870	14.7	13.0	13.8
076		Pix4	15	21	36		51,102	56,109	54,022	20.0	22.5	21.5
077	Less Extensive Head And Neck Procedures		188	211	399		3,262	3,136	3,195	1.5	1.5	1.5
077		Pix1	185	207	392		3,210	3,084	3,143	1.5	1.5	1.5
077		Pix2	5	2	7		16,203	5,252	13,074	11.4	3.5	9.1
077		Pix3	2	3	5		11,070	7,092	8,683	5.0	5.0	5.0
077		Pix4	7	1	8		23,165	27,315	23,684	12.4	9.0	12.0
078	Cleft Lip And Palate Repair		112	105	217		5,133	4,214	4,688	1.7	1.7	1.7
078		Pix1	110	105	215		4,991	4,214	4,611	1.7	1.7	1.7
078		Pix2	2	1	5		12,934	18,623	12,577	2.0	5.0	3.0
078		Pix3										
078		Pix4										
081	Salivary Gland Procedures		147	143	290		4,028	3,759	3,895	1.3	1.4	1.4
081		Pix1	146	143	289		4,023	3,759	3,892	1.3	1.4	1.4
081		Pix2	1	1	2		4,733	11,036	7,885	1.0	6.0	3.5
081		Pix3										
081		Pix4										
082	Minor Ear, Nose And Throat Procedures		35	45	80		2,584	2,557	2,569	1.4	1.4	1.4
082		Pix1	34	45	79		2,555	2,557	2,556	1.4	1.4	1.4
082		Pix2	1		2		3,577		5,496	3.0		3.0

Schedule 2 – Inpatient Yearly Comparisons

CMG Code Description	Pbx Level	Costed Cases				Average Cost			Average LOS of Costed Cases		
		2004/2005	2003/2004	Blended		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
082	Pbx3	1		1	1	23,091		23,091	23.0		23.0
082	Pbx4				1					15.0	15.0
083	Reconstructive ENT Procedures										
		391	400	791		6,526	6,060	6,290	2.3	2.2	2.3
083	Pbx1	387	396	783		6,495	6,046	6,267	2.2	2.2	2.2
083	Pbx2	3	3	6		10,755	7,888	9,321	3.7	3.3	3.5
083	Pbx3	4	1	5		16,277	6,458	14,313	6.3	5.0	6.0
083	Pbx4		2	2			22,174	22,174		7.5	7.5
084	Miscellaneous Ear, Nose And Throat Procedures										
		94	96	190		5,072	4,335	4,699	3.3	2.6	3.0
084	Pbx1	90	92	182		4,846	4,214	4,527	3.1	2.6	2.9
084	Pbx2	1	5	6		6,833	14,320	13,072	5.0	11.6	10.5
084	Pbx3	3	1	5		15,883	1,704	11,305	15.0	1.0	11.5
084	Pbx4	4	1	5		30,324	23,851	29,029	13.8	7.0	12.4
085	Mastoid Procedures										
		125	187	312		8,686	10,682	9,882	1.1	1.3	1.2
085	Pbx1	112	140	252		7,949	6,441	7,111	1.0	1.0	1.0
085	Pbx2	2	5	7		3,001	19,835	15,025	1.0	3.0	2.4
085	Pbx3	1	3	5		11,881	41,140	32,734	10.0	3.3	5.0
085	Pbx4										
086	Other Tonsillar Procedures										
		31	24	55		2,873	3,495	3,144	2.0	2.5	2.2
086	Pbx1	31	21	52		2,873	3,517	3,133	2.0	2.5	2.2
086	Pbx2		1	1			1,575	1,575		1.0	1.0
086	Pbx3		1	1			1,826	1,826		1.0	1.0
086	Pbx4		3	3			15,060	15,060		7.7	7.7
087	Sinus Procedures										
		43	40	83		2,493	2,480	2,487	1.0	1.0	1.0
087	Pbx1	42	39	81		2,511	2,474	2,493	1.0	1.0	1.0
087	Pbx2	1		2		14,069		15,364	4.0		4.0
087	Pbx3	2	2	5		3,175	6,122	6,992	1.5	4.0	2.8
087	Pbx4		1	2			9,212	8,701		8.0	8.0
088	Ethmoidectomy (MNRH)										
		299	256	555		2,351	2,297	2,326	1.0	1.0	1.0
088	Pbx1	297	256	553		2,348	2,297	2,324	1.0	1.0	1.0
088	Pbx2	1	1	3		3,325	4,851	3,535	1.0	4.0	2.5

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Pfx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
088		Pfx3	3		3	4,192		4,192	2.3		2.3
088		Pfx4									
089	Dental Extraction Or Restoration (MNRH)		154	147	301	2,465	2,592	2,527	1.3	1.4	1.3
089		Pfx1	149	144	293	2,429	2,571	2,498	1.3	1.3	1.3
089		Pfx2	4	4	8	2,684	5,391	4,038	2.0	4.3	3.1
089		Pfx3	1	1	3	7,091	3,016	4,639	3.0	1.0	2.0
089		Pfx4	1		2	26,019		16,734	30.0		30.0
090	External And Middle Ear Procedures (MNRH)		96	100	196	2,434	2,179	2,304	1.0	1.0	1.0
090		Pfx1	96	99	195	2,434	2,170	2,300	1.0	1.0	1.0
090		Pfx2	1		1	7,590		7,590	10.0		10.0
090		Pfx3	1	1	2	9,744	3,022	6,383	3.0	1.0	2.0
090		Pfx4									
091	Nasal Procedures (MNRH)		77	70	147	2,097	1,837	1,973	1.0	1.0	1.0
091		Pfx1	76	70	146	2,104	1,837	1,976	1.0	1.0	1.0
091		Pfx2	2	2	4	4,874	18,582	11,728	2.0	6.0	4.0
091		Pfx3									
091		Pfx4									
092	Myringotomy (MNRH)		21	24	45	2,540	2,267	2,394	1.7	1.4	1.5
092		Pfx1	19	22	41	2,627	1,927	2,252	1.7	1.2	1.5
092		Pfx2	1	1	4	6,969	6,161	4,884	7.0	7.0	7.0
092		Pfx3	3	2	5	4,372	6,006	5,025	2.3	3.5	2.8
092		Pfx4									
093	Tonsillectomy And Adenoidectomy Procedures (MNRH)		297	334	631	1,944	2,040	1,995	1.0	1.0	1.0
093		Pfx1	295	328	623	1,937	2,028	1,985	1.0	1.0	1.0
093		Pfx2	7	6	13	15,989	5,044	10,938	8.1	2.7	5.6
093		Pfx3	1	2	4	3,645	2,960	3,777	1.0	1.0	1.0
093		Pfx4		1	3		43,968	30,889	13.0		13.0
100	ENT Malignancy		50	47	97	8,903	11,569	10,195	9.5	12.0	10.7
100		Pfx1	32	30	62	6,327	6,986	6,646	6.1	7.3	6.7
100		Pfx2	9	8	17	9,947	13,980	11,845	12.9	16.0	14.4

Schedule 2 – Inpatient Yearly Comparisons

CMG Code Description	Px Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
100	Pix3	6	6	12	15,108	20,695	17,897	18.0	25.8	21.9
100	Pix4	2	3	5	18,115	43,876	33,571	7.5	27.3	19.4
101 Acute Suppurative Infections		27	19	46	2,882	2,818	2,856	2.6	3.2	2.8
101	Pix1	27	19	46	2,882	2,818	2,856	2.6	3.2	2.8
101	Pix2			1			2,244			
101	Pix3									
101	Pix4									
102 Dysequilibrium		234	255	489	2,679	2,593	2,634	3.8	3.6	3.7
102	Pix1	213	234	447	2,417	2,348	2,381	3.3	3.2	3.3
102	Pix2	10	11	21	4,555	3,768	4,143	7.3	4.7	6.0
102	Pix3	3	2	5	5,684	5,702	5,691	9.0	6.5	8.0
102	Pix4	2		2	5,507		5,507	8.5		8.5
104 Influenza		182	228	410	3,485	3,284	3,373	3.3	3.2	3.2
104	Pix1	165	204	369	3,338	3,216	3,271	3.2	3.1	3.1
104	Pix2	12	13	25	6,597	4,149	5,324	5.2	4.1	4.6
104	Pix3	8	11	19	6,072	5,145	5,536	8.8	4.2	6.1
104	Pix4	2	5	7	7,537	45,469	34,632	7.0	27.6	21.7
107 Epiglottitis		20	27	47	4,784	4,676	4,722	3.1	3.3	3.2
107	Pix1	19	21	40	4,874	3,463	4,133	3.2	2.6	2.9
107	Pix2	1	1	5	3,066	6,984	4,679	2.0	2.0	2.0
107	Pix3		1	2		2,934	8,322		3.0	3.0
107	Pix4		3	5		18,892	16,147		8.3	8.3
108 Epistaxis		90	95	185	2,460	2,523	2,493	3.4	3.1	3.2
108	Pix1	84	85	169	2,405	2,294	2,349	3.2	3.0	3.1
108	Pix2	3	7	10	2,843	3,667	3,420	4.3	4.0	4.1
108	Pix3	3	4	7	5,945	9,458	7,953	7.7	12.3	10.3
108	Pix4	1	1	5	4,931	3,031	6,489	9.0	4.0	6.5
109 Other ENT Infections		86	72	158	3,022	3,216	3,110	3.1	3.6	3.3
109	Pix1	76	67	143	2,876	2,937	2,904	3.0	3.4	3.2
109	Pix2	5	4	9	4,420	6,169	5,197	3.4	6.0	4.6

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
			2004/2005	2003/2004	Blended		2004/2005	2003/2004	Blended		2004/2005	2003/2004	Blended	
109		Ptx3	5	1	6		3,843	10,098	4,885		4.4	6.0	4.7	
109		Ptx4	3		4		22,659		18,567		16.0		16.0	
113	Sinusitis (MNRH)		38	32	70		2,703	2,840	2,766		2.7	2.9	2.8	
113		Ptx1	36	26	62		2,622	2,491	2,567		2.6	2.3	2.5	
113		Ptx2	2	5	7		4,178	4,952	4,731		5.5	7.2	6.7	
113		Ptx3		1	1			4,241	4,241			4.0	4.0	
113		Ptx4		1	2			4,583	5,714			8.0	8.0	
114	Sore Throat (MNRH)		193	127	320		2,262	2,427	2,328		2.4	2.5	2.5	
114		Ptx1	184	124	308		2,169	2,386	2,256		2.4	2.4	2.4	
114		Ptx2	8	1	9		3,818	1,982	3,614		2.9	4.0	3.0	
114		Ptx3	1	2	5		7,064	5,198	5,899		2.0	6.5	5.0	
114		Ptx4			1				10,669					
115	Miscellaneous ENT Diagnoses (MNRH)		100	97	197		1,816	1,703	1,760		1.0	1.0	1.0	
115		Ptx1	91	90	181		1,759	1,687	1,723		1.0	1.0	1.0	
115		Ptx2	22	23	45		10,437	6,039	8,189		9.1	6.1	7.6	
115		Ptx3	18	6	24		6,870	10,259	7,717		5.6	9.5	6.5	
115		Ptx4	5	9	14		13,640	22,769	19,508		10.2	15.1	13.4	
116	Croup (MNRH)		99	168	267		1,937	1,782	1,839		1.5	1.4	1.4	
116		Ptx1	98	165	263		1,930	1,746	1,815		1.5	1.4	1.4	
116		Ptx2	1	2	5		2,616	5,249	2,986		2.0	2.5	2.3	
116		Ptx3		2	3			7,604	6,600			3.0	3.0	
116		Ptx4	2	2	4		31,073	29,951	30,512		10.0	10.5	10.3	
125	Tracheostomy		133	150	283		124,874	108,970	116,444		51.8	47.5	49.5	
125		Ptx1	11	10	21		10,547	14,843	12,593		6.3	10.3	8.2	
125		Ptx2	1		3		12,865		19,860		14.0		14.0	
125		Ptx3	4	4	8		66,439	31,410	48,924		27.3	12.0	19.6	
125		Ptx4	117	136	253		138,578	118,172	127,609		57.3	51.3	54.1	
126	PWS - Resection Of Lung		394	415	809		11,776	11,352	11,558		7.5	6.8	7.2	
126		Ptx1	298	293	591		10,571	9,954	10,265		6.7	6.0	6.4	
126		Ptx2	55	84	139		14,801	12,906	13,656		10.5	8.8	9.5	

Schedule 2 – Inpatient Yearly Comparisons

CMG Code Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
126	Ptx3	39	29	68	17,282	17,835	17,518	12.9	10.9	12.1
126	Ptx4	14	24	38	25,973	32,465	30,073	12.9	18.4	16.4
127	Major Respiratory Procedures									
127	Ptx1	271	242	513	8,908	9,360	9,121	8.1	7.8	7.9
127	Ptx2	60	81	141	12,841	13,239	13,070	12.7	13.4	13.1
127	Ptx3	51	40	91	15,611	16,433	15,973	15.4	14.2	14.9
127	Ptx4	46	65	111	47,489	37,058	41,381	21.2	17.8	19.2
128	Minor Respiratory Procedures									
128	Ptx1	51	54	105	6,806	7,254	7,036	4.5	4.5	4.5
128	Ptx2	5	12	17	6,345	9,111	8,297	4.0	7.5	6.5
128	Ptx3	6	7	13	14,744	9,743	12,051	10.0	10.6	10.3
128	Ptx4	11	7	18	67,762	65,595	66,919	24.5	33.0	27.8
129	Other Respiratory Procedures									
129	Ptx1	109	127	236	2,909	3,387	3,166	1.4	1.4	1.4
129	Ptx2	17	20	37	9,528	9,281	9,394	10.4	11.5	11.0
129	Ptx3	8	7	15	13,668	9,598	11,769	18.3	14.3	16.4
129	Ptx4	8	6	14	23,480	26,715	24,866	18.5	19.2	18.8
135	Tuberculosis									
135	Ptx1	25	28	53	10,740	10,016	10,358	15.7	16.4	16.1
135	Ptx2	4	5	9	9,779	16,997	13,789	17.5	23.2	20.7
135	Ptx3	4	2	6	12,234	25,597	16,889	17.3	30.0	21.5
135	Ptx4	1	2	5	20,498	28,739	27,079	28.0	32.5	31.0
136	Respiratory Failure									
136	Ptx1	121	115	236	8,233	8,234	8,233	7.1	7.3	7.2
136	Ptx2	50	73	123	8,181	9,901	9,202	5.9	8.9	7.7
136	Ptx3	59	54	113	13,573	11,104	12,393	10.0	11.2	10.6
136	Ptx4	84	126	210	29,807	27,442	28,388	14.2	14.9	14.6
137	Respiratory Infections And Inflammations									
137	Ptx1	346	336	682	6,929	7,189	7,057	7.6	7.8	7.7
137	Ptx2	118	97	215	10,640	9,483	10,118	11.2	10.4	10.9

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code Description	Ptx Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
		2004/2005	2003/2004	Blended		2004/2005	2003/2004	Blended		2004/2005	2003/2004	Blended	
137	Pk3	92	98	190		13,331	11,291	12,279		12.0	12.0	12.0	
137	Pk4	92	108	200		28,777	22,033	25,135		17.2	16.1	16.6	
138 Respiratory Neoplasms		606	706	1,312		8,359	8,421	8,392		10.9	10.7	10.8	
138	Pk1	305	308	613		6,347	6,232	6,290		8.5	7.9	8.2	
138	Pk2	174	220	394		9,343	9,275	9,305		12.6	12.7	12.7	
138	Pk3	80	112	192		9,369	10,474	10,014		12.0	13.3	12.7	
138	Pk4	47	73	120		17,046	14,583	15,548		18.5	17.0	17.6	
139 Interstitial Disease		149	140	289		6,815	8,304	7,536		8.1	9.1	8.6	
139	Pk1	102	82	184		4,730	5,078	4,885		6.0	6.9	6.4	
139	Pk2	19	16	35		11,905	7,376	9,835		15.6	10.6	13.3	
139	Pk3	15	24	39		11,688	8,557	9,761		12.3	11.5	11.8	
139	Pk4	19	19	38		23,595	33,684	28,639		26.9	23.1	25.0	
140 Chronic Obstructive Pulmonary Disease (COPD)		1,325	1,106	2,431		6,993	6,474	6,757		8.5	8.5	8.5	
140	Pk1	761	625	1,386		4,429	4,499	4,460		6.6	6.7	6.6	
140	Pk2	215	183	398		7,621	7,182	7,419		11.1	10.3	10.7	
140	Pk3	199	160	359		9,402	7,697	8,642		11.2	10.1	10.7	
140	Pk4	185	156	341		19,799	16,553	18,314		17.2	17.2	17.2	
141 Pulmonary Edema		92	106	198		13,438	11,392	12,342		8.0	6.7	7.3	
141	Pk1	39	64	103		4,864	4,393	4,572		4.3	4.5	4.4	
141	Pk2	18	8	26		7,004	5,304	6,481		8.3	6.3	7.7	
141	Pk3	14	11	25		12,762	6,877	10,173		11.6	7.2	9.6	
141	Pk4	26	25	51		42,029	36,571	39,353		16.7	15.4	16.0	
142 Chronic Bronchitis		1,635	1,593	3,228		5,225	5,157	5,191		7.0	6.7	6.9	
142	Pk1	1,201	1,156	2,357		4,022	3,816	3,921		5.9	5.6	5.8	
142	Pk2	192	172	364		7,001	6,520	6,774		9.6	9.1	9.4	
142	Pk3	172	165	337		9,534	7,870	8,719		10.7	9.2	10.0	
142	Pk4	75	108	183		16,255	18,737	17,719		16.1	15.6	15.8	
143 Simple Pneumonia And Pleurisy		2,556	2,781	5,337		5,461	5,316	5,386		6.1	6.0	6.0	
143	Pk1	1,806	1,944	3,750		3,816	3,751	3,782		4.8	4.6	4.7	
143	Pk2	346	401	747		7,462	6,939	7,181		9.5	9.0	9.3	

Schedule 2 – Inpatient Yearly Comparisons

CMG Code Description	Pix Level	Costed Cases				Average Cost			Average LOS of Costed Cases		
		2004/2005	2003/2004	Blended		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
143	Pix3	247	256	503		9,320	8,612	8,959	10.2	9.1	9.6
143	Pix4	182	173	355		21,310	19,885	20,616	13.6	14.4	14.0
144 Pneumothorax		165	179	344		3,540	3,867	3,710	4.6	4.7	4.6
144	Pix1	155	162	317		3,166	3,450	3,311	4.1	4.3	4.2
144	Pix2	7	12	19		9,960	6,926	8,044	12.1	8.5	9.8
144	Pix3	4	4	8		12,256	12,645	12,451	15.0	11.0	13.0
144	Pix4	1	1	4		19,230	18,044	22,631	21.0	8.0	14.5
145 Tracheobronchitis		716	797	1,513		3,550	3,764	3,663	3.2	3.2	3.2
145	Pix1	678	760	1,438		3,454	3,611	3,537	3.1	3.1	3.1
145	Pix2	28	32	60		5,539	8,493	7,115	5.8	7.1	6.5
145	Pix3	22	19	41		9,849	12,463	11,061	8.1	8.6	8.3
145	Pix4	27	21	48		44,979	55,591	49,622	14.8	14.1	14.5
146 Asthma		1,099	1,217	2,316		2,543	2,595	2,570	2.4	2.4	2.4
146	Pix1	1,059	1,185	2,244		2,437	2,519	2,480	2.4	2.3	2.4
146	Pix2	29	25	54		5,230	6,756	5,937	4.8	5.9	5.3
146	Pix3	21	21	42		10,811	8,422	9,616	6.4	5.6	6.0
146	Pix4	10	8	18		28,964	28,925	28,946	11.1	8.1	9.8
147 Other Respiratory Diagnoses		667	618	1,285		5,074	4,200	4,654	4.5	4.0	4.3
147	Pix1	512	488	1,000		3,782	3,271	3,533	3.6	3.3	3.5
147	Pix2	70	55	125		5,655	5,819	5,727	6.0	5.5	5.8
147	Pix3	52	49	101		8,536	9,233	8,874	8.9	8.7	8.8
147	Pix4	42	44	86		31,277	19,675	25,341	14.8	13.2	14.0
175 PWS - Heart Or Lung Transplant		52	46	98		104,944	81,030	93,719	41.0	31.0	36.3
175	Pix1	6	7	13		42,834	49,053	46,183	15.3	16.0	15.7
175	Pix2	9	6	15		54,671	41,335	49,336	19.9	13.8	17.5
175	Pix3	2	5	7		40,515	43,137	42,388	11.5	10.6	10.9
175	Pix4	34	26	60		143,623	102,827	125,945	55.8	39.4	48.7
PWS - Cardiac Valve Replacement With Heart Pump With Cardiac		75	63	138		51,298	43,658	47,810	25.7	23.9	24.9
176 Cath		18	20	38		31,388	30,981	31,174	17.9	18.2	18.1

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
176	Plx2	11	13	24	36,355	36,666	36,524	22.4	23.7	23.1
176	Plx3	17	13	30	44,628	40,310	42,757	28.5	28.5	28.5
176	Plx4	31	19	50	83,218	78,689	81,497	33.5	32.8	33.2
PWS - Cardiac Valve Replacement With Heart Pump Without Cardiac Cath										
177 Cath		461	523	984	25,934	24,305	25,068	9.1	8.6	8.9
177	Plx1	286	313	599	21,184	19,685	20,401	7.1	6.8	6.9
177	Plx2	65	92	157	27,044	24,618	25,622	9.8	9.5	9.6
177	Plx3	40	51	91	30,867	32,528	31,798	12.9	14.1	13.6
177	Plx4	75	77	152	58,265	55,806	57,019	21.5	19.1	20.3
PWS - Coronary Bypass With Heart Pump With Cardiac Cath										
178	Plx1	86	74	160	25,598	25,823	25,702	15.4	16.5	15.9
178	Plx2	93	120	213	28,007	28,007	28,007	17.3	16.6	16.9
178	Plx3	50	46	96	29,981	33,158	31,503	19.4	19.2	19.3
178	Plx4	49	53	102	63,830	56,036	59,780	23.7	23.4	23.6
PWS - Coronary Bypass With Heart Pump Without Cardiac Cath										
179	Plx1	726	785	1,511	15,667	15,371	15,513	6.7	6.4	6.6
179	Plx2	268	333	601	18,848	18,535	18,675	9.0	8.5	8.7
179	Plx3	108	138	246	24,735	22,006	23,204	11.4	9.8	10.5
179	Plx4	105	135	240	46,688	43,580	44,940	17.6	16.6	17.0
PWS - Other Cardio-Thoracic Procedures With Heart Pump With Cardiac Cath										
181	Plx1	2	4	6	28,938	18,700	22,113	11.0	10.5	10.7
181	Plx2	3	9	12	21,527	27,013	25,642	17.7	16.7	16.9
181	Plx3	1	2	5	28,694	21,363	26,923	25.0	9.5	14.7
181	Plx4	14	16	30	96,577	102,096	99,520	27.6	30.6	29.2
PWS - Other Cardio-Thoracic Procedures With Heart Pump Without Cardiac Cath										
182	Plx1	261	294	555	25,209	23,693	24,406	8.2	7.8	8.0
182	Plx2	47	50	97	22,358	22,062	22,206	7.9	7.0	7.5
182	Plx3	24	21	45	30,059	21,134	25,894	10.4	9.7	10.1

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
182		Plx4	60	68	128	63,090	54,633	58,597	18.6	16.8	17.6
PWS - Major Cardio-Thoracic Procedures Without Heart Pump With Cardiac Cath											
183		Plx1	104	141	245	21,850	22,459	22,201	9.4	9.1	9.2
183		Plx2	29	45	74	12,016	14,240	13,368	5.1	5.4	5.2
183		Plx3	21	28	49	15,557	20,471	18,365	6.0	9.0	7.7
183		Plx4	16	24	40	20,446	25,520	23,490	6.6	9.7	8.5
183		Plx4	36	46	82	37,204	32,785	34,725	16.8	14.3	15.4
PWS - Major Cardio-Thoracic Procedures Without Heart Pump Without Cardiac Cath											
184		Plx1	76	90	166	18,899	16,555	17,628	11.6	10.1	10.8
184		Plx2	31	46	77	14,523	10,712	12,246	7.2	5.4	6.1
184		Plx3	20	11	31	14,718	16,761	15,443	9.6	11.6	10.3
184		Plx4	14	12	26	18,756	16,135	17,546	15.4	14.2	14.8
184		Plx4	13	20	33	47,976	37,201	41,446	30.8	22.7	25.8
185		Plx4	161	198	359	43,024	39,852	41,275	11.0	11.0	11.0
185		Plx1	72	94	166	39,181	34,887	36,750	6.9	8.8	8.0
185		Plx2	42	62	104	39,966	39,646	39,775	12.7	11.3	11.9
185		Plx3	30	32	62	46,610	50,542	48,640	13.7	14.9	14.3
185		Plx4	19	14	33	65,543	61,881	63,989	23.9	28.1	25.7
186		Plx1	517	539	1,056	18,544	18,556	18,550	5.4	5.4	5.4
186		Plx2	409	401	810	16,309	16,366	16,337	4.4	3.9	4.1
186		Plx3	52	82	134	25,220	22,490	23,550	8.4	9.5	9.1
186		Plx4	47	47	94	28,610	28,092	28,351	8.9	11.2	10.1
186		Plx4	10	19	29	42,666	37,390	39,209	19.2	20.8	20.3
PWS - Percutaneous Transluminal Coronary Angioplasty W Complicating Card Conditions											
188		Plx1	1,291	1,210	2,501	11,696	11,682	11,689	5.4	5.1	5.3
188		Plx2	943	868	1,811	10,812	10,968	10,887	4.8	4.5	4.7
188		Plx3	178	211	389	13,127	12,159	12,602	6.5	6.4	6.4
188		Plx4	124	90	214	15,171	15,166	15,169	7.7	8.4	8.0
188		Plx4	60	70	130	26,953	24,393	25,575	12.7	12.9	12.8
189		Plx4	1,533	1,165	2,698	7,889	7,977	7,927	1.8	1.7	1.8

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Pbx Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
			2004/2005	2003/2004	Blended		2004/2005	2003/2004	Blended		2004/2005	2003/2004	Blended	
189		Pbx1	752	564	1,316		6,934	7,595	7,218		1.0	1.0	1.0	
189		Pbx2	659	470	1,129		8,997	8,781	8,907		3.2	2.9	3.1	
189		Pbx3	53	59	112		13,336	11,983	12,623		6.0	5.3	5.6	
189		Pbx4	15	5	20		33,728	21,084	30,567		16.0	12.6	15.2	
191	Temporary Cardiac Pacemaker		15	10	25		13,509	8,656	11,568		5.9	5.4	5.7	
191		Pbx1	7	6	13		5,132	7,677	6,306		4.3	5.2	4.7	
191		Pbx2		1	4			5,296	9,651			5.0	5.0	
191		Pbx3	1	2	5		2,614	16,015	12,272		1.0	8.5	6.0	
191		Pbx4	7	1	8		23,443	3,170	20,909		8.1	1.0	7.3	
193	Cardiac Pacemaker Device Replacement Or Revision		50	45	95		13,979	10,289	12,231		4.4	3.0	3.7	
193		Pbx1	31	32	63		12,298	8,719	10,480		2.0	1.6	1.8	
193		Pbx2	5	5	10		31,358	21,760	26,559		14.4	8.6	11.5	
193		Pbx3	1	3	5		12,235	23,718	20,702		7.0	10.7	9.8	
193		Pbx4	2	1	5		34,935	83,975	38,421		28.0	22.0	26.0	
194	PWS - Minor Cardio-Thoracic Procedures Without Heart Pump		224	222	446		6,777	7,820	7,296		2.3	2.2	2.3	
194		Pbx1	175	175	350		5,788	6,816	6,302		1.3	1.3	1.3	
194		Pbx2	18	15	33		15,825	12,972	14,528		10.0	6.4	8.4	
194		Pbx3	8	6	14		10,896	13,379	11,960		3.9	6.3	4.9	
194		Pbx4	4	3	7		12,028	43,077	25,334		9.8	20.3	14.3	
200	AMI, Unstable Angina Or Cardiac Cath With Shock Or Pulmonary Embolism		62	80	142		13,563	14,118	13,876		8.7	7.9	8.3	
200		Pbx1	19	17	36		6,571	6,085	6,341		4.3	3.4	3.9	
200		Pbx2	8	15	23		6,719	13,457	11,113		6.1	7.7	7.2	
200		Pbx3	11	24	35		11,668	11,361	11,458		8.6	8.8	8.7	
200		Pbx4	21	27	48		21,131	28,170	25,090		11.5	14.2	13.0	
201	AMI With Cardiac Cath With Congestive Heart Failure		65	84	149		13,805	15,271	14,631		11.8	12.2	12.0	
201		Pbx1	34	55	89		12,111	12,212	12,174		11.2	10.6	10.8	
201		Pbx2	18	14	32		15,721	14,942	15,380		13.8	12.2	13.1	
201		Pbx3	8	5	13		15,322	14,327	14,939		10.6	9.2	10.1	

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
201		Plx4	6	12	18	19,208	39,880	32,989	15.5	25.5	22.2
202	AMI With Cardiac Cath With Ventricular Tachycardia		10	5	15	9,870	11,836	10,525	8.2	9.8	8.7
202		Plx1	8	2	10	9,288	9,704	9,371	7.4	10.5	8.0
202		Plx2		1	1		6,266	6,266		5.0	5.0
202		Plx3	2		4	12,199		11,786	11.5		11.5
202		Plx4		2	3		16,753	17,382		11.5	11.5
203	AMI With Cardiac Cath With Angina		18	27	45	8,696	6,801	7,559	8.6	6.7	7.4
203		Plx1	16	24	40	8,411	6,329	7,162	8.1	6.0	6.9
203		Plx2	1	3	5	14,307	10,581	11,265	17.0	12.0	13.3
203		Plx3	1		3	7,655		7,182	8.0		8.0
203		Plx4		1	1		6,067				
204	AMI With Cardiac Cath Without Specified Cardiac Conditions		388	404	792	8,459	8,381	8,419	8.1	7.9	8.0
204		Plx1	319	353	672	7,648	7,747	7,700	7.4	7.3	7.4
204		Plx2	36	27	63	10,821	11,240	11,001	10.9	11.7	11.2
204		Plx3	21	16	37	12,309	11,906	12,135	10.1	10.3	10.2
204		Plx4	11	7	18	22,014	23,462	22,577	14.5	17.6	15.7
205	AMI Without Cardiac Cath With Congestive Heart Failure		187	214	401	9,361	9,568	9,471	9.0	9.1	9.1
205		Plx1	109	111	220	7,661	7,234	7,446	8.1	7.3	7.7
205		Plx2	28	41	69	9,294	10,002	9,715	9.5	10.3	10.0
205		Plx3	29	23	52	10,155	8,932	9,614	9.0	10.0	9.4
205		Plx4	24	40	64	18,660	18,271	18,417	15.7	14.3	14.8
206	AMI Without Cardiac Cath With Ventricular Tachycardia		9	20	29	4,030	6,738	5,898	3.2	6.4	5.4
206		Plx1	8	15	23	4,213	5,085	4,782	3.5	5.0	4.5
206		Plx2		2	4		8,979	7,716		8.5	8.5
206		Plx3	1	2	5	2,562	13,521	6,800	1.0	8.0	5.7
206		Plx4		1	5		13,491	12,547		19.0	19.0
207	AMI Without Cardiac Cath With Angina		18	18	36	8,479	6,665	7,572	7.2	7.1	7.2
207		Plx1	11	15	26	5,960	6,213	6,106	5.5	6.7	6.2
207		Plx2	4		5	15,516		15,767	9.5		9.5

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
207		Plx3	2	3	5	6,383	8,921	7,906	10.5	9.0	9.6
207		Plx4	1		2	12,229		13,084	11.0		11.0
208	AMI Without Cardiac Cath Without Specified Cardiac Conditions		705	710	1,415	5,478	5,550	5,514	4.8	4.9	4.9
208		Plx1	591	585	1,176	4,977	4,996	4,986	4.5	4.6	4.6
208		Plx2	60	51	111	9,150	7,614	8,444	9.3	6.7	8.1
208		Plx3	34	45	79	8,725	6,299	7,343	7.6	6.2	6.8
208		Plx4	37	40	77	11,299	16,596	14,051	8.3	11.2	9.8
Unstable Angina With Cardiac Cath With Specified Cardiac											
210	Conditions		8	20	28	9,662	10,349	10,153	8.8	10.0	9.6
210		Plx1	8	13	21	9,662	7,937	8,594	8.8	7.7	8.1
210		Plx2		4	5		15,179	13,327		18.0	18.0
210		Plx3		3	4		14,323	17,944		12.7	12.7
210		Plx4		1	2		27,485	19,145		22.0	22.0
Unstable Angina With Cardiac Cath Without Specified Cardiac											
211	Conditions		146	186	332	6,620	6,741	6,687	7.9	6.8	7.3
211		Plx1	139	173	312	6,452	6,701	6,590	7.7	6.8	7.2
211		Plx2	5	10	15	9,620	7,805	8,410	11.4	8.8	9.7
211		Plx3	2	4	6	15,172	8,771	10,905	18.5	7.5	11.2
211		Plx4	1		3	11,181		18,345	14.0		14.0
Unstable Angina Without Cardiac Cath With Specified Cardiac											
212	Conditions		45	35	80	6,947	7,864	7,349	7.3	7.3	7.3
212		Plx1	31	31	62	5,350	7,948	6,649	5.1	7.1	6.1
212		Plx2	7	2	9	8,424	6,835	8,071	10.6	6.0	9.6
212		Plx3	4	1	5	12,952	7,953	11,952	14.0	10.0	13.2
212		Plx4	5	2	7	17,385	14,056	16,434	19.8	21.5	20.3
Unstable Angina Without Cardiac Cath Without Specified Cardiac											
213	Conditions		342	362	704	3,375	3,412	3,394	3.9	3.4	3.6
213		Plx1	321	336	657	3,301	3,287	3,294	3.8	3.3	3.5
213		Plx2	17	20	37	4,423	4,904	4,683	4.9	4.9	4.9
213		Plx3	3	10	13	4,417	11,369	9,765	5.3	14.2	12.2
213		Plx4	1	5	6	6,137	8,944	8,476	8.0	7.0	7.2

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Phx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
215	Cardiac Cath With Congestive Heart Failure		219	229	448	11,678	12,084	11,886	12.4	12.4	12.4
215		Phx1	167	153	320	9,675	9,780	9,725	10.9	10.6	10.8
215		Phx2	22	30	52	14,556	12,746	13,512	16.4	14.2	15.1
215		Phx3	19	29	48	17,667	14,746	15,902	17.2	14.5	15.5
215		Phx4	18	16	34	31,324	27,577	29,561	27.0	21.5	24.4
216	Cardiac Cath With Ventricular Tachycardia		133	111	244	9,177	9,451	9,301	9.3	9.4	9.4
216		Phx1	115	100	215	8,257	8,406	8,326	8.5	8.8	8.7
216		Phx2	6	2	8	13,059	10,336	12,379	11.3	9.0	10.8
216		Phx3	9	3	12	13,908	8,624	12,587	14.2	10.7	13.3
216		Phx4	2	4	6	22,178	22,200	22,193	18.5	13.5	15.2
217	Cardiac Cath With Unstable Angina		140	164	304	6,337	6,001	6,156	7.4	6.7	7.0
217		Phx1	135	155	290	6,218	5,829	6,010	7.4	6.5	6.9
217		Phx2	3	5	8	8,711	7,987	8,258	8.0	9.8	9.1
217		Phx3	2	4	6	10,855	13,669	12,731	11.5	14.8	13.7
217		Phx4		1	5		6,251	11,731		7.0	7.0
218	Cardiac Cath Without Specified Cardiac Conditions		859	743	1,602	5,024	4,904	4,969	4.8	4.9	4.8
218		Phx1	823	704	1,527	4,868	4,747	4,812	4.7	4.7	4.7
218		Phx2	25	25	50	8,619	7,927	8,273	6.8	8.4	7.6
218		Phx3	10	14	24	14,498	8,593	11,053	12.8	8.5	10.3
218		Phx4	6	6	12	19,221	13,680	16,450	13.8	18.0	15.9
219	Endocarditis		61	52	113	14,444	15,779	15,058	15.0	16.5	15.7
219		Phx1	33	32	65	8,311	10,289	9,285	11.4	13.9	12.6
219		Phx2	7	6	13	11,322	10,457	10,923	12.4	11.3	11.9
219		Phx3	5	4	9	19,956	13,649	17,153	19.8	9.5	15.2
219		Phx4	17	10	27	28,618	37,024	31,731	25.2	31.2	27.4
220	Pulmonary Embolism		518	541	1,059	5,474	5,492	5,483	6.9	6.8	6.9
220		Phx1	322	335	657	4,391	4,371	4,381	5.8	5.8	5.8
220		Phx2	132	135	267	5,798	5,888	5,844	7.7	7.8	7.7
220		Phx3	42	48	90	9,082	11,072	10,143	10.9	13.6	12.3
220		Phx4	28	34	62	21,191	13,709	17,088	14.8	11.7	13.1

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
222	Heart Failure		1,764	1,792	3,556	6,911	6,660	6,785	8.9	8.7	8.8
222		Ptx1	1,109	1,122	2,231	5,442	5,077	5,258	7.4	7.0	7.2
222		Ptx2	336	335	671	7,881	8,024	7,953	11.1	11.3	11.2
222		Ptx3	200	214	414	9,764	10,988	10,345	13.2	14.9	14.1
222		Ptx4	176	179	355	19,748	16,587	18,154	21.1	17.6	19.3
225	Hypertensive Heart Disease		11	26	37	8,769	6,402	7,106	11.0	8.4	9.2
225		Ptx1		8	8		5,002	5,002		6.3	6.3
225		Ptx2	7	12	19	5,532	5,185	5,313	7.9	7.8	7.8
225		Ptx3	4	5	9	18,751	10,723	14,291	21.0	14.0	17.1
225		Ptx4	2	2	5	19,450	24,733	19,930	22.0	28.0	25.0
226	Other Circulatory Diagnoses		561	478	1,039	5,956	5,523	5,756	5.4	5.7	5.6
226		Ptx1	386	316	702	4,284	4,172	4,234	4.5	4.5	4.5
226		Ptx2	97	98	195	8,548	6,974	7,757	7.5	8.1	7.8
226		Ptx3	63	48	111	9,715	11,343	10,419	9.6	12.0	10.7
226		Ptx4	31	35	66	26,256	19,042	22,431	13.5	15.2	14.4
229	Atherosclerosis (MNRH)		299	340	639	5,135	4,541	4,819	5.3	5.2	5.2
229		Ptx1	227	250	477	3,962	3,320	3,625	4.3	3.9	4.1
229		Ptx2	42	55	97	8,591	7,599	8,028	8.7	9.2	9.0
229		Ptx3	26	27	53	10,996	12,302	11,662	14.6	12.1	13.3
229		Ptx4	16	18	34	24,940	20,355	22,513	20.3	18.2	19.2
232	Acquired Valvular Disorders (MNRH)		63	63	126	5,979	6,468	6,223	6.9	7.2	7.0
232		Ptx1	42	41	83	4,691	5,397	5,040	5.5	6.6	6.0
232		Ptx2	14	15	29	7,428	5,845	6,609	9.4	6.0	7.6
232		Ptx3	9	3	12	19,559	11,465	17,536	22.1	24.7	22.8
232		Ptx4	1	7	8	4,280	29,478	26,328	1.0	25.9	22.8
233	Hypertension (MNRH)		122	109	231	3,578	3,321	3,457	4.4	4.1	4.2
233		Ptx1	102	92	194	3,156	3,171	3,163	4.2	3.9	4.1
233		Ptx2	15	13	28	5,843	4,783	5,351	6.3	5.6	6.0
233		Ptx3	7	4	11	9,713	2,295	7,016	9.6	3.5	7.4
233		Ptx4	3	2	5	6,837	11,864	8,848	7.3	19.5	12.2

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
234	Congenital Cardiac Disorders (MNRH)		29	16	45	10,631	13,801	11,758	6.5	6.3	6.4
234		Ptx1	13	11	24	6,998	6,881	6,944	3.8	3.6	3.7
234		Ptx2	6	3	9	5,083	8,509	6,225	4.2	7.0	5.1
234		Ptx3	5		5	18,113		18,113	11.0		11.0
234		Ptx4	3	3	6	13,118	73,968	43,543	8.7	22.3	15.5
235	Angina Pectoris		98	79	177	2,578	2,925	2,733	3.2	3.3	3.3
235		Ptx1	96	74	170	2,585	2,809	2,692	3.2	3.2	3.2
235		Ptx2	2	5	7	2,262	5,829	4,810	3.5	7.8	6.6
235		Ptx3	1	1	5	7,819	6,111	7,065	11.0	6.0	8.5
235		Ptx4	1		1	8,857		8,857	11.0		11.0
237	Arrhythmia		994	951	1,945	4,240	4,353	4,295	4.7	4.8	4.7
237		Ptx1	761	719	1,480	3,540	3,707	3,621	3.9	4.0	4.0
237		Ptx2	173	165	338	6,674	5,720	6,209	8.3	6.9	7.6
237		Ptx3	68	58	126	9,256	8,868	9,078	9.6	10.3	9.9
237		Ptx4	21	32	53	18,191	19,121	18,752	18.6	20.3	19.6
240	Syncope And Collapse		305	297	602	3,272	3,390	3,330	3.9	4.3	4.1
240		Ptx1	276	266	542	3,042	3,196	3,117	3.7	4.0	3.9
240		Ptx2	17	25	42	7,659	5,535	6,395	9.5	8.1	8.7
240		Ptx3	15	15	30	5,169	8,431	6,800	6.9	11.7	9.3
240		Ptx4	1	3	5	6,208	9,774	11,204	8.0	13.3	12.0
242	Chest Pain		978	931	1,909	2,339	2,349	2,344	2.6	2.5	2.6
242		Ptx1	951	898	1,849	2,311	2,322	2,316	2.6	2.5	2.5
242		Ptx2	30	31	61	4,098	3,833	3,963	5.0	4.5	4.8
242		Ptx3	7	10	17	7,588	5,392	6,296	9.1	6.5	7.6
242		Ptx4	1	3	5	6,706	11,713	10,053	8.0	18.0	15.5
250	Extensive Gastrointestinal Procedures		58	73	131	22,692	24,124	23,490	13.2	15.5	14.4
250		Ptx1	37	33	70	17,819	17,321	17,584	10.5	11.3	10.9
250		Ptx2	9	11	20	21,699	20,998	21,314	12.9	14.2	13.6
250		Ptx3	5	13	18	34,221	29,789	31,020	19.8	18.2	18.7
250		Ptx4	8	16	24	50,460	40,087	43,545	27.1	24.3	25.3

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Phx Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
			2004/2005	2003/2004	Blended		2004/2005	2003/2004	Blended		2004/2005	2003/2004	Blended	
251	Gastrostomy And Colostomy Procedures		813	852	1,665		22,036	19,627	20,804		16.0	15.5	15.7	
251		Pix1	427	452	879		13,482	12,088	12,765		10.5	10.6	10.5	
251		Pix2	83	92	175		19,664	18,280	18,936		16.2	15.7	15.9	
251		Pix3	120	128	248		25,193	20,580	22,812		21.0	17.6	19.2	
251		Pix4	216	200	416		57,474	51,831	54,761		34.9	34.6	34.7	
252	Major Esophageal, Stomach And Duodenum Procedures		67	53	120		18,741	15,241	17,195		13.0	13.1	13.0	
252		Pix1	41	34	75		13,490	12,392	12,992		10.0	11.0	10.5	
252		Pix2	9	9	18		20,772	17,258	19,015		14.2	13.7	13.9	
252		Pix3	9	2	11		23,526	15,968	22,152		15.4	15.0	15.4	
252		Pix4	11	10	21		49,716	51,475	50,553		32.0	31.2	31.6	
253	Major Intestinal And Rectal Procedures		1,335	1,308	2,643		13,244	12,236	12,745		10.5	10.5	10.5	
253		Pix1	916	885	1,801		10,646	9,749	10,205		8.7	8.8	8.7	
253		Pix2	111	138	249		17,248	14,846	15,917		15.1	13.4	14.1	
253		Pix3	170	143	313		16,062	15,824	15,953		13.2	14.1	13.6	
253		Pix4	182	181	363		35,360	32,434	33,901		22.9	21.5	22.2	
255	Less Extensive Esophageal, Stomach And Duodenum Procedures		534	547	1,081		8,570	8,437	8,503		6.0	6.6	6.3	
255		Pix1	454	440	894		7,728	7,578	7,654		5.5	5.9	5.7	
255		Pix2	34	42	76		10,193	11,459	10,893		7.4	8.6	8.1	
255		Pix3	25	50	75		11,329	12,931	12,397		9.9	11.2	10.7	
255		Pix4	32	39	71		29,362	29,789	29,597		16.6	18.7	17.7	
258	Laparotomy		587	463	1,050		8,823	8,702	8,770		7.7	7.8	7.7	
258		Pix1	451	347	798		7,236	7,153	7,200		6.3	6.7	6.5	
258		Pix2	52	53	105		11,213	13,752	12,495		11.3	12.7	12.0	
258		Pix3	38	44	82		13,097	15,021	14,129		11.3	13.2	12.3	
258		Pix4	41	30	71		25,948	24,014	25,131		18.6	17.5	18.1	
260	Less Extensive Intestinal And Rectal Procedures		161	162	323		3,558	3,166	3,361		3.1	2.8	2.9	
260		Pix1	155	151	306		3,496	2,988	3,245		3.1	2.6	2.9	
260		Pix2	4	8	12		3,756	7,317	6,130		2.8	6.5	5.3	
260		Pix3	4	4	8		14,077	3,801	8,939		11.5	4.0	7.8	
260		Pix4		2	5		27,199	41,282			25.5	25.5		

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
			2004/2005	2003/2004	Blended		2004/2005	2003/2004	Blended		2004/2005	2003/2004	Blended	
261	Complicated Appendectomy		591	573	1,164		5,718	5,603	5,661		4.7	4.8	4.7	
261		Ptx1	517	483	1,000		5,139	4,989	5,067		4.2	4.2	4.2	
261		Ptx2	31	26	57		10,229	8,961	9,650		8.3	8.2	8.3	
261		Ptx3	31	33	64		10,082	7,754	8,882		8.1	6.7	7.4	
261		Ptx4	8	16	24		14,243	11,027	12,099		11.3	8.1	9.1	
262	Simple Appendectomy		1,429	1,456	2,885		3,270	3,067	3,168		2.2	2.2	2.2	
262		Ptx1	1,412	1,440	2,852		3,221	3,051	3,136		2.2	2.2	2.2	
262		Ptx2	11	11	22		4,794	5,109	4,951		4.0	4.5	4.2	
262		Ptx3	14	12	26		9,977	6,313	8,286		5.4	5.7	5.5	
262		Ptx4	7	4	11		11,756	11,877	11,800		10.7	10.8	10.7	
264	Minor Gastrointestinal Procedures		64	62	126		5,549	5,153	5,354		3.1	3.0	3.1	
264		Ptx1	59	53	112		5,260	5,125	5,196		3.0	2.9	2.9	
264		Ptx2	3	7	10		10,594	5,271	6,868		10.3	3.6	5.6	
264		Ptx3	7	3	10		14,935	9,131	13,194		11.6	7.0	10.2	
264		Ptx4	4	1	5		43,416	11,043	36,942		13.8	9.0	12.8	
265	Abdominal Laparoscopy		50	46	96		3,628	3,503	3,568		2.8	2.8	2.8	
265		Ptx1	43	43	86		3,385	3,591	3,488		2.7	2.9	2.8	
265		Ptx2	2	2	4		3,180	1,548	2,364		3.5	1.5	2.5	
265		Ptx3	4		5		8,167		7,872		6.5		6.5	
265		Ptx4	2	1	3		6,474	3,628	5,525		4.0	3.0	3.7	
266	Anus And Stomal Procedures (MNRH)		403	389	792		2,866	2,730	2,799		2.3	2.2	2.3	
266		Ptx1	394	376	770		2,860	2,677	2,771		2.3	2.2	2.2	
266		Ptx2	10	13	23		5,368	5,239	5,295		6.1	5.5	5.7	
266		Ptx3	10	7	17		8,895	10,142	9,409		9.7	11.4	10.4	
266		Ptx4	1	10	11		29,666	43,383	42,136		21.0	38.4	36.8	
269	Bilateral Hernia Procedures		1,083	926	2,009		3,530	3,473	3,504		2.2	2.4	2.3	
269		Ptx1	1,056	881	1,937		3,465	3,378	3,425		2.2	2.3	2.2	
269		Ptx2	26	34	60		7,925	6,241	6,971		6.2	5.2	5.6	
269		Ptx3	14	19	33		8,674	7,047	7,737		7.0	5.8	6.3	
269		Ptx4	7	6	13		25,396	16,445	21,265		13.4	10.0	11.8	

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code Description	Ptx Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
		2004/2005		2003/2004		Blended		2004/2005		2003/2004		Blended	
271 Unilateral Hernia Procedures (MNRH)		202	244	446		2,628	2,589	2,607		1.8	1.7	1.7	
271	Ptx1	192	238	430		2,599	2,551	2,572		1.7	1.7	1.7	
271	Ptx2	9	10	19		4,765	7,232	6,063		4.8	7.4	6.2	
271	Ptx3	3	5	8		3,129	10,181	7,537		2.7	6.2	4.9	
271	Ptx4	3	3	6		18,749	39,616	29,183		19.7	20.3	20.0	
279 Digestive System Malignancy		397	389	786		7,120	7,045	7,083		9.6	9.3	9.4	
279	Ptx1	278	226	504		5,479	5,289	5,394		7.5	7.1	7.3	
279	Ptx2	54	82	136		8,753	8,146	8,387		11.7	11.0	11.3	
279	Ptx3	40	46	86		11,851	8,719	10,176		17.2	11.2	14.0	
279	Ptx4	27	34	61		17,235	14,594	15,763		20.7	18.0	19.2	
281 G.I. Hemorrhage		1,242	1,149	2,391		4,170	3,828	4,006		4.6	4.5	4.6	
281	Ptx1	1,022	934	1,956		3,379	3,259	3,322		4.0	4.0	4.0	
281	Ptx2	105	105	210		7,135	6,349	6,742		8.2	7.6	7.9	
281	Ptx3	78	78	156		7,956	8,169	8,063		8.8	9.7	9.2	
281	Ptx4	64	47	111		17,307	12,187	15,139		13.2	10.9	12.2	
285 Complicated Ulcer		85	91	176		4,476	3,943	4,201		5.8	5.3	5.5	
285	Ptx1	66	77	143		3,605	3,577	3,590		5.0	4.9	4.9	
285	Ptx2	7	8	15		6,687	12,138	9,594		9.4	16.3	13.1	
285	Ptx3	10	10	20		9,382	8,892	9,137		11.5	13.2	12.4	
285	Ptx4	5	4	9		15,456	8,101	12,187		13.6	10.5	12.2	
286 Uncomplicated Ulcer		82	89	171		3,221	3,283	3,253		4.0	4.1	4.0	
286	Ptx1	76	79	155		3,109	3,201	3,156		3.8	4.0	3.9	
286	Ptx2	3	7	10		6,638	4,001	4,793		7.7	5.4	6.1	
286	Ptx3	3	5	8		7,469	5,727	6,380		9.3	8.6	8.9	
286	Ptx4	4		5		10,683		11,965		12.8		12.8	
289 Inflammatory Bowel Disease		449	409	858		3,892	3,847	3,871		5.5	5.4	5.4	
289	Ptx1	404	382	786		3,763	3,907	3,833		5.3	5.5	5.4	
289	Ptx2	16	16	32		6,650	6,056	6,353		9.2	9.5	9.3	
289	Ptx3	33	21	54		6,120	5,221	5,771		8.0	7.7	7.9	
289	Ptx4	6	4	10		10,709	17,224	13,315		17.2	22.3	19.2	

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
290	G.I. Obstruction		982	917	1,899	3,276	3,120	3,201	4.5	4.3	4.4
290		Plx1	874	820	1,694	2,871	2,787	2,830	4.1	3.8	4.0
290		Plx2	39	49	88	5,778	5,213	5,464	7.5	6.7	7.0
290		Plx3	37	25	62	7,043	7,671	7,296	8.8	11.2	9.8
290		Plx4	21	20	41	12,857	12,565	12,715	15.0	14.5	14.7
294	Esophagitis, Gastroenteritis And Miscellaneous Digestive Disease		3,739	3,539	7,278	3,103	2,848	2,979	3.9	3.7	3.8
294		Plx1	3,210	3,101	6,311	2,696	2,541	2,620	3.4	3.3	3.3
294		Plx2	256	217	473	5,475	4,862	5,102	6.7	6.5	6.6
294		Plx3	164	139	303	5,752	5,568	5,668	7.4	7.2	7.3
294		Plx4	72	80	152	14,234	14,552	14,401	14.3	17.1	15.8
297	Other G.I. Diagnoses		976	998	1,974	3,693	3,667	3,679	4.4	4.4	4.4
297		Plx1	816	838	1,654	2,969	3,057	3,014	3.7	3.9	3.8
297		Plx2	66	71	137	7,050	7,067	7,059	8.9	8.9	8.9
297		Plx3	65	63	128	8,624	7,106	7,877	10.1	8.2	9.2
297		Plx4	40	38	78	16,303	14,739	15,541	13.8	13.4	13.6
310	PWS - Liver Transplant		61	58	119	77,476	55,588	66,808	30.8	23.0	27.0
310		Plx1	12	8	20	37,835	29,637	34,556	14.1	10.8	12.8
310		Plx2	4	4	8	41,801	29,073	35,437	17.0	11.0	14.0
310		Plx3	5	7	12	53,126	34,610	42,325	20.4	14.6	17.0
310		Plx4	40	39	79	95,979	67,397	81,869	38.4	28.2	33.4
311	Major Pancreatic Procedures		178	159	337	24,034	22,880	23,489	16.1	16.0	16.0
311		Plx1	93	77	170	17,256	15,607	16,509	11.2	11.7	11.4
311		Plx2	30	29	59	18,812	21,196	19,984	16.2	14.5	15.4
311		Plx3	16	23	39	32,543	27,442	29,535	24.4	22.1	23.1
311		Plx4	43	38	81	55,190	49,971	52,742	33.1	35.7	34.3
312	Major Hepatobiliary Procedures		184	122	306	17,183	14,934	16,286	9.5	9.0	9.3
312		Plx1	135	86	221	13,996	13,014	13,614	8.0	7.8	8.0
312		Plx2	18	15	33	17,442	15,474	16,547	11.9	8.3	10.3
312		Plx3	15	8	23	21,968	17,358	20,364	14.5	13.1	14.0
312		Plx4	26	15	41	55,924	37,439	49,161	26.1	21.4	24.4

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
			2004/2005	2003/2004	Blended		2004/2005	2003/2004	Blended		2004/2005	2003/2004	Blended	
313	Common Duct Exploration		20	31	51		18,411	11,148	13,996		18.4	13.0	15.1	
313		Pix1	7	19	26		10,430	8,684	9,154		12.1	9.1	9.9	
313		Pix2	3	4	7		16,566	14,243	15,238		12.7	15.5	14.3	
313		Pix3	8	3	11		23,957	11,026	20,430		24.0	15.0	21.5	
313		Pix4	1	3	5		24,892	12,813	20,211		19.0	16.7	17.3	
314	Other Hepatobiliary And Pancreatic Procedures		127	140	267		11,842	10,751	11,270		8.9	9.0	8.9	
314		Pix1	86	95	181		8,414	8,618	8,521		6.9	7.7	7.3	
314		Pix2	18	21	39		11,077	10,919	10,992		9.9	11.0	10.5	
314		Pix3	15	12	27		26,009	14,487	20,888		17.7	12.6	15.4	
314		Pix4	15	16	31		34,982	28,123	31,442		26.4	19.6	22.9	
315	Cholecystectomy		187	225	412		9,673	8,666	9,123		7.5	7.6	7.5	
315		Pix1	128	145	273		8,057	7,463	7,742		6.4	6.3	6.3	
315		Pix2	33	49	82		10,995	9,275	9,967		8.7	8.5	8.6	
315		Pix3	16	23	39		17,724	12,907	14,883		13.5	12.8	13.1	
315		Pix4	13	12	25		26,320	27,235	26,759		18.8	23.8	21.2	
317	Laparoscopic Cholecystectomy		912	912	1,824		4,149	4,018	4,083		2.9	2.9	2.9	
317		Pix1	799	777	1,576		3,963	3,775	3,870		2.7	2.7	2.7	
317		Pix2	129	143	272		6,209	5,921	6,057		5.5	5.5	5.5	
317		Pix3	21	29	50		10,014	8,291	9,015		9.3	8.1	8.6	
317		Pix4	12	17	29		11,957	13,578	12,907		11.4	12.4	12.0	
320	Miscellaneous Hepatobiliary And Pancreatic Procedures		67	62	129		12,806	11,738	12,293		11.5	8.8	10.2	
320		Pix1	40	42	82		8,981	6,616	7,769		8.9	6.0	7.4	
320		Pix2	7	8	15		7,686	10,460	9,166		8.9	10.3	9.6	
320		Pix3	7	3	10		11,096	23,911	14,940		12.4	17.3	13.9	
320		Pix4	10	10	20		35,502	39,110	37,306		22.6	22.7	22.7	
323	Cirrhosis And Alcoholic Hepatitis		207	255	462		8,172	7,913	8,029		9.7	9.0	9.3	
323		Pix1	77	88	165		5,413	4,530	4,942		6.7	6.5	6.6	
323		Pix2	64	70	134		6,060	5,309	5,667		8.3	7.6	7.9	
323		Pix3	39	51	90		11,704	9,405	10,401		14.6	12.8	13.6	
323		Pix4	33	51	84		24,153	19,024	21,039		21.8	15.4	17.9	

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases		Average Cost		Average LOS of Costed Cases	
			2004/2005	2003/2004	2004/2005	2003/2004	2004/2005	2003/2004
324	Pancreatic Cancer Or Other Malignancy Of Hepatobiliary System		360	387	7,854	7,859	10.7	10.4
324		Ptx1	180	184	6,775	6,360	9.4	8.3
324		Ptx2	101	96	7,586	7,473	10.9	10.3
324		Ptx3	49	59	10,103	10,352	12.5	12.9
324		Ptx4	30	47	12,612	12,909	15.3	15.7
325	Pancreas Diseases Except Malignancy		896	851	3,696	3,738	5.0	5.2
325		Ptx1	752	696	3,261	3,254	4.5	4.8
325		Ptx2	102	93	6,163	5,949	8.0	7.5
325		Ptx3	55	50	9,055	9,024	12.1	11.2
325		Ptx4	27	43	23,173	21,279	19.0	14.6
326	Liver Diseases Except Cirrhosis Or Cancer		396	380	8,598	8,438	8.2	7.8
326		Ptx1	201	193	4,813	4,558	5.7	5.3
326		Ptx2	83	75	7,793	6,322	9.7	7.6
326		Ptx3	46	41	8,244	10,481	10.3	11.8
326		Ptx4	62	74	23,531	24,711	13.3	15.0
329	Biliary Tract Diseases		509	514	3,751	3,600	4.3	4.3
329		Ptx1	403	376	3,191	2,949	3.7	3.6
329		Ptx2	41	48	5,666	5,449	7.0	6.9
329		Ptx3	41	72	6,042	5,169	6.9	5.5
329		Ptx4	31	21	12,377	13,295	11.1	13.3
350	Multiple Or Bilateral Joint Replacement		62	51	16,446	15,917	10.5	8.5
350		Ptx1	44	36	13,768	13,461	7.0	6.4
350		Ptx2		6		16,438		9.2
350		Ptx3	12	3	26,588	14,986	24.1	6.0
350		Ptx4	11	2	45,909	43,434	45.2	31.5
351	Joint Replacement For Trauma		519	605	15,325	15,302	14.1	14.1
351		Ptx1	338	380	13,071	11,883	11.9	10.7
351		Ptx2	79	87	19,599	19,582	19.7	21.3
351		Ptx3	45	60	18,956	19,469	17.1	18.7
351		Ptx4	56	87	25,267	30,986	22.2	27.0

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
352	Hip Replacement		1,548	1,520	3,068	10,359	10,272	10,316	6.1	6.2	6.1
352		Pix1	1,395	1,336	2,731	9,975	9,944	9,960	5.7	5.9	5.8
352		Pix2	63	105	168	13,259	13,144	13,187	9.4	9.5	9.5
352		Pix3	49	50	99	14,597	14,143	14,367	10.2	8.8	9.5
352		Pix4	23	26	49	24,005	17,504	20,556	15.2	13.6	14.3
354	Knee Replacement		1,749	1,691	3,440	9,087	8,875	8,983	5.6	5.7	5.7
354		Pix1	1,650	1,580	3,230	8,951	8,792	8,873	5.5	5.6	5.6
354		Pix2	66	85	151	11,695	10,626	11,093	8.0	7.6	7.8
354		Pix3	48	40	88	12,826	12,566	12,708	9.9	9.9	9.9
354		Pix4	16	15	31	19,364	18,301	18,850	15.3	14.1	14.7
Reattachment Procedures Or Lower Extremity Or Shoulder											
355	Amputations		50	56	106	14,064	9,429	11,615	12.4	8.5	10.4
355		Pix1	23	39	62	8,926	6,388	7,330	7.4	6.2	6.6
355		Pix2	13	10	23	14,083	14,759	14,377	15.6	16.9	16.2
355		Pix3	10	7	17	18,737	15,373	17,352	18.9	15.9	17.6
355		Pix4	5	8	13	50,194	79,168	68,024	32.2	58.4	48.3
356	Repair Hip And Femur Procedures		140	167	307	9,009	9,699	9,385	5.5	6.9	6.2
356		Pix1	124	137	261	7,655	8,309	7,998	4.3	5.5	4.9
356		Pix2	9	11	20	14,744	17,867	16,462	10.1	15.9	13.3
356		Pix3	3	10	13	23,492	18,161	19,391	20.0	15.0	16.2
356		Pix4	3	12	15	41,376	20,652	24,797	48.0	20.8	26.2
358	Lower Extremity Procedures With Infection		64	86	150	10,939	9,101	9,885	9.4	9.3	9.3
358		Pix1	47	69	116	8,696	7,804	8,166	7.6	7.8	7.7
358		Pix2	11	11	22	11,857	12,753	12,305	11.3	13.7	12.5
358		Pix3	2	3	5	34,060	43,241	39,569	46.5	38.0	41.4
358		Pix4	5	5	10	31,493	21,498	26,495	31.8	22.4	27.1
359	Upper Extremity Procedures With Infection		22	36	58	8,684	7,392	7,882	7.6	6.8	7.1
359		Pix1	16	34	50	5,931	6,891	6,584	4.9	6.1	5.7
359		Pix2		1	4	21,946	18,181		24.0	24.0	
359		Pix3	2	2	4	23,356		45,842	20.5		20.5

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Phx Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
			2004/2005	2003/2004	Blended		2004/2005	2003/2004	Blended		2004/2005	2003/2004	Blended	
359		Pix4	4	2	6		12,362	28,602	17,775		12.3	30.5	18.3	
360	Upper Extremity Amputations And Revisions		38	48	86		13,557	12,970	13,229		12.3	12.5	12.4	
360		Pix1	26	31	57		6,848	9,009	8,024		5.5	8.7	7.3	
360		Pix2	5	4	9		26,223	16,817	22,043		21.6	20.0	20.9	
360		Pix3	4	6	10		47,263	15,413	28,153		39.3	12.2	23.0	
360		Pix4	3	9	12		59,477	32,728	39,415		43.3	30.8	33.9	
361	Musculoskeletal Biopsy For Malignancy		28	31	59		15,386	20,122	17,874		16.6	15.9	16.3	
361		Pix1	22	22	44		12,584	16,520	14,552		12.6	12.8	12.7	
361		Pix2	3	2	5		25,766	9,695	19,338		31.7	8.5	22.4	
361		Pix3	1	1	5		5,095	38,440	30,377		3.0	41.0	22.0	
361		Pix4	1	6	7		46,172	33,750	35,525		40.0	25.7	27.7	
362	Musculoskeletal Biopsy Without Malignancy		50	66	116		12,966	12,400	12,644		13.6	15.1	14.5	
362		Pix1	36	39	75		8,217	7,282	7,731		9.7	8.3	9.0	
362		Pix2	5	10	15		10,855	16,890	14,878		13.8	24.9	21.2	
362		Pix3	5	10	15		15,400	18,305	17,337		19.6	20.0	19.9	
362		Pix4	4	5	9		99,179	36,425	64,316		52.8	34.2	42.4	
363	Back And Neck Procedures With Fusion		775	737	1,512		12,147	11,711	11,934		5.3	5.2	5.2	
363		Pix1	679	644	1,323		10,995	10,644	10,824		4.8	4.7	4.8	
363		Pix2	52	61	113		17,806	17,963	17,891		7.7	9.1	8.4	
363		Pix3	31	37	68		22,936	24,889	23,999		9.8	13.3	11.7	
363		Pix4	19	29	48		54,421	51,428	52,613		21.6	24.2	23.2	
365	Back And Neck Procedures Without Fusion		840	984	1,824		5,182	4,767	4,958		2.8	2.7	2.7	
365		Pix1	784	913	1,697		4,822	4,429	4,611		2.5	2.4	2.4	
365		Pix2	28	36	64		8,828	9,703	9,320		6.1	6.1	6.1	
365		Pix3	12	9	21		11,782	11,385	11,612		8.6	10.1	9.2	
365		Pix4	1	8	9		18,866	22,270	21,892		18.0	13.4	13.9	
367	Shoulder Arthroplasty		82	105	187		8,787	7,715	8,185		3.3	3.3	3.3	
367		Pix1	80	103	183		8,772	7,671	8,152		3.2	3.2	3.2	
367		Pix2	3	2	5		12,331	9,955	11,380		10.0	6.0	8.4	
367		Pix3	1	1	3		8,795		8,010		6.0	6.0	6.0	

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
367		Pix4									
368	Major Hip And Knee Procedures		18	24	42	6,921	6,005	6,397	3.9	4.3	4.1
368		Pix1	17	24	41	6,384	6,005	6,162	3.6	4.3	4.0
368		Pix2	1		3	16,047		10,826	9.0		9.0
368		Pix3									
368		Pix4	1		1	24,494		24,494	25.0		25.0
369	Major Lower Extremity Procedures		324	277	601	5,897	5,988	5,939	3.0	3.1	3.0
369		Pix1	324	268	592	5,946	5,873	5,913	3.0	3.1	3.1
369		Pix2	6	13	19	9,436	11,640	10,944	6.5	7.2	6.9
369		Pix3	4	1	5	12,157	7,659	11,257	10.0	6.0	9.2
369		Pix4			1			45,768			
372	Major Upper Extremity Procedures		178	137	315	5,058	4,814	4,952	2.1	1.9	2.0
372		Pix1	173	137	310	4,924	4,814	4,875	2.1	1.9	2.0
372		Pix2	4	1	5	12,822	17,038	13,665	5.5	12.0	6.8
372		Pix3	2		5	8,240		9,945	5.0		5.0
372		Pix4									
374	Minor Lower Extremity Procedures		396	391	787	4,259	3,742	4,002	2.0	1.9	1.9
374		Pix1	393	388	781	4,251	3,727	3,991	2.0	1.9	1.9
374		Pix2	4	5	9	7,572	8,906	8,313	4.8	6.6	5.8
374		Pix3	3	2	5	14,926	7,282	11,869	9.0	8.5	8.8
374		Pix4	2		3	16,602		17,836	9.0		9.0
375	Minor Upper Extremity Procedures		247	250	497	2,984	2,918	2,951	1.0	1.0	1.0
375		Pix1	247	249	496	2,984	2,917	2,950	1.0	1.0	1.0
375		Pix2	3	3	6	7,419	7,355	7,387	6.3	6.0	6.2
375		Pix3			2			4,889			
375		Pix4		1	2		138,352	81,846	89.0		89.0
376	Miscellaneous Musculoskeletal Procedures		156	131	287	7,967	6,822	7,445	3.0	2.7	2.9
376		Pix1	152	128	280	7,898	6,627	7,317	2.9	2.7	2.8
376		Pix2	5	4	9	22,191	23,468	22,758	12.6	13.3	12.9
376		Pix3	1	2	5	20,613	30,365	23,369	8.0	12.5	11.0

Schedule 2 – Inpatient Yearly Comparisons

CMG Code Description	Plx Level	Costed Cases				Average Cost			Average LOS of Costed Cases		
		2004/2005	2003/2004	Blended		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
376	Plx4	2	4	6		28,689	60,542	49,924	9.0	20.3	16.5
377 Wound Debridement And Skin Graft For Musculoskeletal Disorders		151	166	317		10,025	8,547	9,251	6.5	5.8	6.1
377	Plx1	124	136	260		7,286	6,351	6,797	4.6	3.9	4.3
377	Plx2	10	12	22		16,684	19,893	18,434	14.2	14.7	14.5
377	Plx3	8	11	19		22,451	15,962	18,694	13.5	10.5	11.8
377	Plx4	10	11	21		64,795	79,639	72,570	35.2	52.6	44.3
378 Soft Tissue Procedures (MNRH)		65	66	131		6,138	5,633	5,883	3.9	3.6	3.8
378	Plx1	55	55	110		4,858	4,792	4,825	2.9	2.8	2.8
378	Plx2	6	4	10		12,167	8,481	10,693	7.7	8.5	8.0
378	Plx3	3	6	9		12,518	10,006	10,843	13.7	7.0	9.2
378	Plx4	2	2	5		26,949	22,261	24,946	15.0	21.0	18.0
379 Other Musculoskeletal Procedures (MNRH)		400	503	903		5,844	4,399	5,039	2.4	2.1	2.2
379	Plx1	332	453	785		3,863	3,511	3,660	1.8	1.7	1.8
379	Plx2	9	11	20		9,826	17,081	13,816	5.2	5.9	5.6
379	Plx3	1	5	6		23,765	20,895	21,374	7.0	14.0	12.8
379	Plx4	8	11	19		50,265	31,580	39,447	39.4	21.0	28.7
380 Other Lower Extremity Procedures (MNRH)		251	244	495		1,658	1,738	1,697	1.0	1.0	1.0
380	Plx1	251	244	495		1,658	1,738	1,697	1.0	1.0	1.0
380	Plx2	1	2	5		3,420	6,032	6,099	4.0	5.5	5.0
380	Plx3										
380	Plx4										
381 Hand And Wrist Procedures (MNRH)		70	68	138		2,857	2,592	2,726	1.0	1.0	1.0
381	Plx1	70	68	138		2,857	2,592	2,726	1.0	1.0	1.0
381	Plx2		1	3			9,411	6,768		4.0	4.0
381	Plx3	1		2		67,450		50,201	121.0		121.0
381	Plx4		1	1			20,677	20,677		13.0	13.0
382 Arthroscopy (MNRH)		7	10	17		4,094	2,832	3,352	2.6	1.5	1.9
382	Plx1	5	9	14		1,566	2,742	2,322	1.0	1.6	1.4
382	Plx2		1	2			3,643	7,747		1.0	1.0
382	Plx3	1	1	2		10,658	22,257	16,458	6.0	14.0	10.0

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
382		Ptx4	1		1	11,738		11,738	8.0		8.0
383	PWS - Joint Replacement For Malignancy		16	17	33	24,605	18,933	21,683	17.3	15.2	16.2
383		Ptx1	7	12	19	19,183	15,340	16,756	15.4	13.2	14.0
383		Ptx2	7	1	8	24,439	8,541	22,452	15.4	5.0	14.1
383		Ptx3	2	1	5	47,420	18,926	34,226	41.0	21.0	34.3
383		Ptx4	1	3	5	39,647	45,998	54,258	30.0	33.7	32.8
384	PWS - Back And Neck Procedures For Malignancy		13	24	37	27,117	25,016	25,754	16.9	17.7	17.4
384		Ptx1	7	14	21	14,973	16,955	16,294	8.7	11.1	10.3
384		Ptx2	2	2	5	54,995	20,716	32,525	35.5	10.0	22.8
384		Ptx3	2	3	5	14,656	35,863	27,380	14.0	22.0	18.8
384		Ptx4	3	2	5	114,691	37,098	83,654	60.7	28.5	47.8
385	PWS - Major Orthopaedic Oncology Procedures		12	15	27	15,823	20,727	18,547	6.9	11.7	9.6
385		Ptx1	9	10	19	11,934	11,477	11,693	5.1	8.5	6.9
385		Ptx2	1	1	5	4,590	10,073	10,405	2.0	9.0	5.5
385		Ptx3	1	2	3	30,662	37,978	35,539	23.0	18.0	19.7
385		Ptx4	1	2	5	47,222	55,052	62,037	12.0	22.5	19.0
386	Other Orthopaedic Oncology Procedures		44	45	89	12,902	10,902	11,891	8.1	6.2	7.2
386		Ptx1	36	37	73	12,096	9,229	10,843	7.1	5.5	6.3
386		Ptx2	4	4	8	7,295	14,032	10,663	6.3	6.3	6.3
386		Ptx3	2	4	6	36,161	31,753	33,222	31.0	21.0	24.3
386		Ptx4	1	5	6	23,293	40,136	37,329	14.0	31.6	28.7
391	Secondary Neoplasms And Pathological Fractures		333	343	676	10,467	10,599	10,534	15.3	14.4	14.9
391		Ptx1	201	199	400	8,139	8,184	8,161	12.7	12.2	12.4
391		Ptx2	71	83	154	12,506	11,203	11,804	17.9	14.7	16.2
391		Ptx3	42	25	67	16,156	12,779	14,896	22.1	18.6	20.8
391		Ptx4	25	38	63	27,872	24,363	25,756	33.4	27.9	30.1
392	Osteomyelitis		63	56	119	10,683	9,313	10,038	12.9	11.2	12.1
392		Ptx1	35	41	76	6,484	7,239	6,891	7.1	8.0	7.6
392		Ptx2	9	2	11	18,010	23,710	19,046	25.2	31.0	26.3
392		Ptx3	12	9	21	10,775	13,440	11,917	15.2	19.6	17.0

Schedule 2 – Inpatient Yearly Comparisons

CME Code	Description	Ph Level	Costed Cases				Average Cost			Average LOS of Costed Cases		
			2004	2005	2003/2004	Blended	2004	2005	2003/2004	Blended	2004	2005
392		Pix4	4	5	9		21,476	30,089	26,261	27.5	43.0	36.1
393	Rheumatoid Arthritis		73	71	144		7,795	7,570	7,684	8.1	8.6	8.3
393		Pix1	51	44	95		5,174	4,293	4,766	6.5	6.2	6.4
393		Pix2	9	7	16		6,499	6,633	6,558	7.6	8.9	8.1
393		Pix3	4	9	13		5,532	9,215	8,082	8.8	8.7	8.7
393		Pix4	7	10	17		24,328	26,017	25,322	14.7	22.5	19.3
394	Septic Arthritis		40	44	84		6,056	5,955	6,003	6.6	7.1	6.9
394		Pix1	33	27	60		5,303	4,021	4,726	5.8	4.5	5.2
394		Pix2	1	5	6		22,230	8,655	10,918	21.0	10.4	12.2
394		Pix3	5	8	13		8,815	6,045	7,111	10.0	6.8	8.0
394		Pix4	3	2	5		19,060	28,723	22,925	32.0	35.0	33.2
397	Non-Inflammatory Arthritis		51	47	98		5,400	5,550	5,472	8.2	7.8	8.0
397		Pix1	43	39	82		4,734	5,157	4,935	7.0	6.6	6.8
397		Pix2	4	6	10		9,255	12,495	11,199	19.8	23.0	21.7
397		Pix3	5	3	8		13,546	5,137	10,393	22.8	7.7	17.1
397		Pix4	2	1	4		24,622	24,410	24,356	33.0	41.0	35.7
398	Other Inflammatory Arthritis		267	291	558		5,264	4,879	5,063	6.5	6.0	6.3
398		Pix1	191	204	395		4,234	3,880	4,051	5.4	5.0	5.2
398		Pix2	40	36	76		6,715	5,484	6,132	10.0	7.6	8.9
398		Pix3	32	37	69		13,074	9,603	11,213	14.9	13.5	14.2
398		Pix4	17	26	43		24,083	18,304	20,589	22.4	15.2	18.0
399	Orthopaedic Aftercare		165	197	362		6,423	5,283	5,803	8.6	7.8	8.2
399		Pix1	116	142	258		4,594	3,643	4,071	6.2	5.3	5.7
399		Pix2	22	28	50		14,218	9,190	11,402	21.2	15.3	17.9
399		Pix3	25	21	46		11,987	10,546	11,329	19.2	17.7	18.5
399		Pix4	11	8	19		13,313	19,924	16,097	20.6	27.6	23.6
401	Other Musculoskeletal Malignancies		22	32	54		10,677	7,608	8,858	9.6	6.8	8.0
401		Pix1	16	16	32		5,724	5,134	5,429	6.9	3.9	5.4
401		Pix2	3	11	14		15,247	8,829	10,204	17.7	7.6	9.8
401		Pix3	1	4	5		6,794	16,473	14,537	7.0	20.3	17.6

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
401		Plx4	2	1	5	45,383	6,563	26,524	21.0	9.0	17.0
402	Disc Disease		200	223	423	5,188	5,143	5,164	8.1	7.8	7.9
402		Plx1	175	188	363	4,724	4,297	4,503	7.4	6.6	7.0
402		Plx2	20	26	46	14,062	12,050	12,925	26.1	21.2	23.3
402		Plx3	13	10	23	15,327	16,053	15,642	23.7	20.2	22.2
402		Plx4	12	7	19	23,842	21,447	22,960	36.0	33.3	35.0
404	Other Musculoskeletal Infections		1	1	4	1,152	6,982		1.0	1.0	1.0
404		Plx1	1	1	4	1,152	6,982		1.0	1.0	1.0
404		Plx2									
404		Plx3									
404		Plx4									
407	Other Musculoskeletal Disorders		55	53	108	5,612	5,376	5,496	5.7	5.0	5.3
407		Plx1	43	40	83	3,699	3,787	3,741	4.1	3.8	3.9
407		Plx2	5	6	11	5,728	12,320	9,324	8.6	11.8	10.4
407		Plx3	1	6	7	6,217	9,332	8,887	5.0	9.2	8.6
407		Plx4	10	2	12	34,642	14,014	31,204	39.2	9.5	34.3
409	Back Pain (MNRH)		220	184	404	3,749	3,718	3,735	5.4	5.5	5.4
409		Plx1	189	154	343	3,114	3,003	3,064	4.5	4.4	4.4
409		Plx2	14	20	34	7,222	9,675	8,665	11.6	15.6	13.9
409		Plx3	13	9	22	11,104	9,282	10,359	17.5	10.8	14.7
409		Plx4	7	5	12	13,099	10,198	11,890	15.9	15.6	15.8
411	Signs, Symptoms And Deformities (MNRH)		133	145	278	4,252	3,680	3,954	5.6	5.1	5.4
411		Plx1	114	130	244	3,925	3,517	3,708	5.2	5.0	5.1
411		Plx2	16	12	28	7,158	7,277	7,209	11.7	10.8	11.3
411		Plx3	7	8	15	9,765	8,562	9,123	12.4	14.3	13.4
411		Plx4	1	1	4	14,220	6,932	23,958	11.0	14.0	12.5
413	Joint Derangements (MNRH)		37	49	86	4,240	3,778	3,977	5.7	4.9	5.2
413		Plx1	26	42	68	3,336	3,180	3,240	3.4	3.8	3.6
413		Plx2	6	3	9	5,398	4,960	5,252	9.7	8.0	9.1
413		Plx3	2	2	5	5,296	16,156	10,298	7.5	18.5	13.0

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Phx Level	Costed Cases				Average Cost			Average LOS of Costed Cases			
			2004/2005	2003/2004	Blended		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	
413		Pk4		1	2		3,644	10,623			7.0	7.0	
414	Sprains Strains And Minor Injuries (MNRH)		37	45	82		3,153	3,210		4.3	4.3	4.3	
414		Pk1	35	41	76		2,611	2,785		3.9	3.7	3.8	
414		Pk2		3	4		9,074	8,744			14.7	14.7	
414		Pk3		2	3		20,646	15,249			30.0	30.0	
414		Pk4	1	1	2		12,241	10,002		6.0	14.0	10.0	
Skin Graft And Wound Debridement For Dermatologic Dis Except													
425	Ulcer Or Cellulitis		478	649	1,127		4,209	3,597		1.4	1.3	1.4	
425		Pk1	467	642	1,109		4,150	3,582		1.4	1.3	1.3	
425		Pk2	22	22	44		12,390	11,699		6.0	6.8	6.4	
425		Pk3	2	8	10		6,728	20,409		4.5	8.5	7.7	
425		Pk4	4	14	18		23,951	34,126		19.8	17.3	17.8	
Skin Graft And Wound Debridement For Skin Ulcer Or Cellulitis													
427			39	47	86		32,232	18,236		33.8	20.5	26.5	
427		Pk1	22	36	58		12,625	10,513		14.1	12.6	13.2	
427		Pk2	4	3	7		56,661	55,678		59.8	77.7	67.4	
427		Pk3	1	3	5		52,121	29,649		50.0	37.3	40.5	
427		Pk4	11	6	17		58,042	59,479		57.2	58.5	57.6	
Breast Procedures Except Biopsy And Local Excision Without													
428	Malignancy		94	175	269		3,790	3,963		1.3	1.3	1.3	
428		Pk1	93	169	262		3,786	3,852		1.3	1.3	1.3	
428		Pk2	1	6	7		4,099	9,223		1.0	3.2	2.9	
428		Pk3	1		2		25,571	14,780		13.0			
428		Pk4		1	1		7,429	7,429		4.0	4.0	4.0	
Total Mastectomy For Breast Malignancy													
429			735	640	1,375		4,203	3,464		1.6	1.6	1.6	
429		Pk1	726	629	1,355		4,187	3,434		1.6	1.6	1.6	
429		Pk2	11	15	26		7,657	6,924		4.9	5.2	5.1	
429		Pk3	5	5	10		9,564	7,783		5.8	6.4	6.1	
429		Pk4		1	1		22,453	22,453		16.0	16.0	16.0	
Subtotal Mastectomy And Other Breast Procedures For Malignancy													
432			595	595	1,190		3,609	3,055		1.2	1.3	1.3	
432		Pk1	591	589	1,180		3,596	3,044		1.2	1.3	1.3	

Schedule 2 – Inpatient Yearly Comparisons

CMG Code Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
432	Plx2	4	7	11	5,481	6,315	6,012	2.3	3.9	3.3
432	Plx3	3	1	5	13,979	6,107	13,780	14.7	4.0	12.0
432	Plx4			2			7,271			
434 Breast Biopsy And Local Excision Without Malignancy		30	43	73	2,643	2,385	2,491	1.0	1.0	1.0
434	Plx1	29	43	72	2,646	2,385	2,490	1.0	1.0	1.0
434	Plx2	1	1	3	2,543	4,364	4,391	1.0	3.0	2.0
434	Plx3	1		1	4,155		4,155	2.0		2.0
434	Plx4		1	1			575,926		361.0	361.0
435 Perianal And Pilonidal Cyst Procedures		26	41	67	3,324	2,066	2,554	2.9	1.6	2.1
435	Plx1	25	38	63	3,331	1,905	2,471	2.9	1.5	2.1
435	Plx2	1	3	5	3,150	4,110	5,681	2.0	3.0	2.8
435	Plx3			1			10,215			
435	Plx4	3	1	5	75,853	10,253	51,942	93.3	11.0	72.8
436 Plastic Surgery		27	29	56	3,556	3,895	3,732	1.4	1.7	1.6
436	Plx1	27	29	56	3,556	3,895	3,732	1.4	1.7	1.6
436	Plx2	1		1	25,794		25,794	31.0		31.0
436	Plx3			1			14,989			
436	Plx4		1	1			25,066		34.0	34.0
Other Dermatological Procedures Without Malignancy Or Skin Ulcer		143	142	285	4,612	4,203	4,408	3.9	3.3	3.6
437 Or Cellulitis		123	126	249	3,858	3,756	3,806	3.1	2.8	2.9
437	Plx1	11	7	18	8,694	5,665	7,516	8.0	5.7	7.1
437	Plx2	6	5	11	20,685	7,178	14,545	16.5	6.2	11.8
437	Plx3	4	6	10	38,738	29,901	33,436	32.5	21.7	26.0
Other Dermatological Procedures For Malignancy Or Skin Ulcer Or		113	120	233	10,691	8,951	9,795	10.5	7.9	9.1
438 Cellulitis		84	82	166	6,643	4,516	5,592	5.4	3.5	4.5
438	Plx1	10	14	24	18,698	13,551	15,696	23.3	18.5	20.5
438	Plx2	6	12	18	21,816	15,267	17,450	22.3	18.1	19.5
438	Plx3	11	20	31	40,155	51,278	47,331	41.2	42.9	42.3

Schedule 2 – Inpatient Yearly Comparisons

CMG Code Description	Plx Level	Costed Cases				Average Cost			Average LOS of Costed Cases		
		2004/2005	2003/2004	Blended	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
439 Skin Ulcer		54	45	99		15,082	14,132	14,651	18.6	19.9	19.2
439	P1x1	28	25	53		10,898	10,815	10,859	14.2	16.0	15.0
439	P1x2	6	4	10		12,339	13,828	12,935	13.5	26.3	18.6
439	P1x3	15	6	21		15,385	12,817	14,652	21.3	17.2	20.1
439	P1x4	5	11	16		40,898	31,100	34,162	41.0	36.7	38.1
440 Major Skin Disorders		53	46	99		4,844	4,590	4,726	5.3	5.2	5.3
440	P1x1	45	38	83		4,098	3,929	4,021	4.9	4.5	4.7
440	P1x2	4	6	10		7,047	6,478	6,706	7.3	7.8	7.6
440	P1x3	5	3	8		13,695	12,988	13,430	13.0	16.7	14.4
440	P1x4	1		5		116,522		47,853	37.0		37.0
443 Malignant Breast Disorders		26	37	63		8,448	7,726	8,024	10.7	11.0	10.9
443	P1x1	11	15	26		5,472	5,951	5,748	6.6	7.1	6.9
443	P1x2	9	10	19		8,598	8,772	8,690	13.0	13.3	13.2
443	P1x3	1	7	8		6,007	9,985	9,488	7.0	15.4	14.4
443	P1x4	5	5	10		15,212	7,793	11,502	16.4	12.0	14.2
446 Non-Malignant Breast Disorders		15	15	30		2,025	1,670	1,848	2.1	1.3	1.7
446	P1x1	15	15	30		2,025	1,670	1,848	2.1	1.3	1.7
446	P1x2										
446	P1x3										
446	P1x4										
447 Cellulitis		708	588	1,296		4,608	4,375	4,503	6.5	6.1	6.3
447	P1x1	540	425	965		3,856	3,668	3,774	5.4	5.2	5.3
447	P1x2	92	87	179		6,736	5,592	6,180	10.0	8.6	9.3
447	P1x3	60	54	114		8,019	6,941	7,508	11.1	9.3	10.2
447	P1x4	25	45	70		15,743	16,222	16,051	21.8	22.5	22.2
452 Trauma Of Skin, Subcutaneous Tissue And Breast		76	78	154		3,362	2,550	2,951	4.2	3.1	3.7
452	P1x1	60	65	125		2,829	2,379	2,595	3.4	2.7	3.0
452	P1x2	7	9	16		5,892	4,245	4,965	8.4	6.8	7.5
452	P1x3	5	6	11		4,586	4,343	4,454	4.8	7.0	6.0
452	P1x4	1		2		3,133		8,750	4.0		4.0

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
454 Minor Skin Disorders		146	116	262	3,717	3,064	3,428	3.6	3.5	3.5
454	Plx1	129	102	231	3,200	2,787	3,017	3.3	3.1	3.2
454	Plx2	9	11	20	9,277	5,324	7,103	10.1	8.4	9.2
454	Plx3	7	5	12	20,146	17,634	19,100	15.1	25.8	19.6
454	Plx4	6	6	12	15,507	20,547	18,027	11.7	25.3	18.5
476 PWS - Adrenal And Pituitary Procedures		88	116	204	10,776	9,967	10,316	5.1	4.8	4.9
476	Plx1	68	93	161	8,678	8,397	8,516	3.8	3.7	3.7
476	Plx2	10	11	21	24,682	15,860	20,061	14.5	8.7	11.5
476	Plx3	5	5	10	21,631	20,880	21,256	13.2	9.2	11.2
476	Plx4	6	2	8	27,647	43,299	31,560	16.8	18.0	17.1
477 Parathyroid Procedures		135	135	270	4,329	4,361	4,345	1.8	2.0	1.9
477	Plx1	125	120	245	4,157	3,967	4,064	1.7	1.7	1.7
477	Plx2	5	4	9	7,736	9,132	8,357	3.2	5.3	4.1
477	Plx3	5	4	9	7,137	5,487	6,404	5.0	3.3	4.2
477	Plx4	2	5	5	48,317		43,505	61.0		61.0
478 Obesity Procedures		106	93	199	6,897	5,820	6,394	3.9	4.3	4.1
478	Plx1	101	86	187	6,622	5,677	6,187	3.8	4.1	4.0
478	Plx2	2	6	8	7,949	8,064	8,035	4.0	6.2	5.6
478	Plx3	2	2	5	11,743	7,816	10,700	7.5	7.5	7.5
478	Plx4	2	1	4	28,247	65,876	34,549	11.5	26.0	16.3
479 Thyroid Procedures		703	743	1,446	4,350	3,745	4,039	1.5	1.5	1.5
479	Plx1	693	730	1,423	4,321	3,705	4,005	1.5	1.5	1.5
479	Plx2	3	9	12	7,073	6,184	6,407	3.0	3.0	3.0
479	Plx3	13	6	19	8,585	9,583	8,900	4.8	5.3	5.0
479	Plx4	5	4	9	27,064	19,870	23,866	14.2	13.5	13.9
480 Thyroglossal Procedures		6	10	16	2,484	2,727	2,636	1.0	1.3	1.2
480	Plx1	6	10	16	2,484	2,727	2,636	1.0	1.3	1.2
480	Plx2									
480	Plx3									
480	Plx4									

Schedule 2 – Inpatient Yearly Comparisons

CMG Code Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
Other Endocrine, Nutrition And Metabolic Procedures										
482		89	97	186	26,589	31,826	29,320	8.9	10.3	9.6
482	P1x1	57	53	110	25,666	34,006	29,684	4.6	6.2	5.4
482	P1x2	6	15	21	24,218	26,660	25,962	11.7	10.3	10.7
482	P1x3	12	10	22	23,312	28,107	25,492	15.9	17.0	16.4
482	P1x4	15	27	42	43,850	60,336	54,448	27.3	34.6	32.0
Diabetes										
483		955	923	1,878	4,221	3,873	4,050	4.9	4.9	4.9
483	P1x1	690	679	1,369	3,036	3,054	3,045	3.6	3.9	3.8
483	P1x2	126	89	215	6,942	5,766	6,455	9.6	8.4	9.1
483	P1x3	89	108	197	6,835	5,802	6,269	8.2	7.3	7.7
483	P1x4	78	58	136	16,928	17,305	17,089	16.4	15.1	15.9
Nutritional And Miscellaneous Metabolic Disorders										
485		934	905	1,839	4,802	4,521	4,664	5.6	5.5	5.6
485	P1x1	600	580	1,180	3,624	3,288	3,459	4.3	4.1	4.2
485	P1x2	180	162	342	6,859	6,066	6,378	8.4	7.7	8.1
485	P1x3	114	105	219	7,684	7,520	7,605	8.6	8.9	8.7
485	P1x4	51	69	120	11,808	13,682	12,885	13.8	15.1	14.5
Cystic Fibrosis										
487		82	98	180	14,272	12,561	13,340	12.5	11.1	11.7
487	P1x1	48	65	113	15,374	12,483	13,711	12.2	11.1	11.6
487	P1x2	11	8	19	13,354	8,933	11,493	13.7	8.1	11.4
487	P1x3	18	17	35	12,175	11,498	11,846	12.2	10.9	11.5
487	P1x4	8	9	17	25,638	28,344	27,071	22.6	16.2	19.2
Inborn Errors Of Metabolism										
488		37	42	79	16,513	10,685	13,415	6.4	5.3	5.8
488	P1x1	28	37	65	17,437	11,448	14,028	5.6	5.2	5.4
488	P1x2	4	4	8	3,743	5,030	4,386	5.3	5.8	5.5
488	P1x3	5		5	21,554		21,554	11.2		11.2
488	P1x4	2	2	5	77,961	34,848	46,564	46.5	44.0	45.3
Endocrine Disorders										
489		132	172	304	4,610	5,388	5,050	5.7	6.4	6.1
489	P1x1	105	128	233	3,787	3,714	3,747	4.7	4.5	4.6
489	P1x2	19	22	41	9,151	10,181	9,704	13.5	14.0	13.8
489	P1x3	9	12	21	11,544	8,099	9,576	14.3	10.7	12.2
489	P1x4	5	7	12	38,076	21,902	28,641	19.8	16.1	17.7

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code Description	Pfx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
500 PWS - Kidney Transplant		123	126	249	23,610	21,583	22,585	10.7	10.1	10.4
500	Pfx1	65	66	131	16,465	16,595	16,530	7.9	8.0	8.0
500	Pfx2	11	13	24	18,122	18,657	18,412	9.3	9.8	9.5
500	Pfx3	21	26	47	30,602	24,918	27,457	13.9	11.9	12.8
500	Pfx4	25	23	48	47,034	42,434	44,830	20.2	19.5	19.8
501 Urinary Diversion And Augmentation		101	111	212	16,784	14,357	15,513	11.4	11.2	11.3
501	Pfx1	69	72	141	14,422	11,718	13,041	9.5	9.3	9.4
501	Pfx2	11	12	23	20,844	14,124	17,338	14.3	10.8	12.4
501	Pfx3	7	16	23	20,594	23,487	22,606	16.4	18.6	18.0
501	Pfx4	18	16	34	32,383	30,782	31,630	23.8	22.4	23.2
502 Radical Prostatectomy		625	645	1,270	7,501	6,098	6,788	3.5	3.9	3.7
502	Pfx1	607	597	1,204	7,454	5,969	6,717	3.5	3.8	3.6
502	Pfx2	11	38	49	9,051	7,520	7,864	5.0	4.6	4.7
502	Pfx3	7	9	16	10,001	8,499	9,156	6.9	6.4	6.6
502	Pfx4	2	4	6	12,445	10,569	11,194	9.0	9.8	9.5
503 Dialysis Procedures		142	140	282	10,309	7,323	8,826	7.0	6.1	6.6
503	Pfx1	74	79	153	2,984	2,286	2,624	1.1	1.2	1.2
503	Pfx2	22	22	44	11,686	4,523	8,104	7.1	3.5	5.3
503	Pfx3	9	13	22	25,261	25,874	25,623	19.2	24.0	22.0
503	Pfx4	15	19	34	56,495	96,123	78,640	44.0	68.4	57.6
504 Major Urinary Tract Procedures		608	562	1,170	8,479	7,535	8,025	4.8	4.7	4.7
504	Pfx1	541	489	1,030	8,003	7,113	7,581	4.4	4.3	4.4
504	Pfx2	33	47	80	12,380	10,119	11,052	7.7	6.9	7.2
504	Pfx3	23	16	39	11,854	13,271	12,435	7.8	9.9	8.7
504	Pfx4	22	18	40	45,235	29,124	37,985	24.3	18.0	21.5
505 Reconstructive Urological Procedures		45	47	92	5,248	4,700	4,968	3.7	3.7	3.7
505	Pfx1	41	43	84	4,838	4,380	4,604	3.4	3.4	3.4
505	Pfx2	5	5	10	12,654	12,101	12,377	8.4	9.0	8.7
505	Pfx3			2			3,836			
505	Pfx4	3		3	60,932		60,932	33.7		33.7

Schedule 2 – Inpatient Yearly Comparisons

CIMG Code Description	Pix Level	Costed Cases				Average Cost				Average LOS of Costed Cases						
		2004/2005		2003/2004		Blended	2004/2005		2003/2004		Blended	2004/2005		2003/2004		Blended
506	Open Prostatectomy			8	20	28		7,868	5,215	5,973		6.0	4.4	4.8		
506		Pix1		6	17	23		6,881	4,487	5,111		5.0	3.6	4.0		
506		Pix2		1	2	5		11,813	8,291	7,919		8.0	7.0	7.3		
506		Pix3		1	1	2		9,848	11,439	10,643		10.0	11.0	10.5		
506		Pix4		1		2		22,087		17,902		21.0		21.0		
507	Vascular And Other Urinary Procedures			21	21	42		22,437	13,762	18,099		10.9	10.5	10.7		
507		Pix1		10	12	22		10,983	7,210	8,925		5.6	4.3	4.9		
507		Pix2		1	1	5		13,520	23,783	17,025		12.0	22.0	17.0		
507		Pix3		1	2	5		7,589	14,909	13,003		5.0	14.5	11.3		
507		Pix4		10	6	16		49,755	35,667	44,472		22.5	33.5	26.6		
508	Minor Upper Urinary Tract Procedures			198	224	422		7,052	5,981	6,483		3.7	3.6	3.7		
508		Pix1		174	199	373		6,301	5,542	5,896		3.0	3.0	3.0		
508		Pix2		3	11	14		8,061	8,183	8,157		5.7	6.5	6.3		
508		Pix3		13	12	25		12,806	14,006	13,382		10.4	11.6	11.0		
508		Pix4		8	6	14		37,023	28,515	33,377		21.1	28.8	24.4		
509	Minor Lower Urinary Tract Procedures			97	85	182		5,650	4,579	5,150		2.9	2.6	2.8		
509		Pix1		96	81	177		5,643	4,563	5,149		2.9	2.6	2.7		
509		Pix2		2	4	6		8,066	13,896	11,952		8.5	12.5	11.2		
509		Pix3		2	1	4		37,936	5,888	22,196		22.5	3.0	16.0		
509		Pix4			3	4			19,413	16,455			25.0	25.0		
510	Transurethral Prostatectomy			667	987	1,654		3,362	2,824	3,041		2.2	1.9	2.0		
510		Pix1		638	955	1,593		3,267	2,764	2,965		2.1	1.9	2.0		
510		Pix2		26	31	57		7,609	5,172	6,284		6.8	4.9	5.8		
510		Pix3		14	10	24		6,193	8,446	7,132		7.0	9.4	8.0		
510		Pix4		7	4	11		16,997	8,892	14,050		13.3	10.3	12.2		
512	Other Transurethral Or Biopsy Procedures (MNRH)			1,086	1,169	2,255		2,130	2,075	2,101		1.4	1.5	1.4		
512		Pix1		1,073	1,157	2,230		2,117	2,052	2,083		1.4	1.4	1.4		
512		Pix2		15	21	36		6,490	5,704	6,032		6.4	5.6	5.9		
512		Pix3		9	9	18		4,521	8,604	6,562		4.4	10.4	7.4		
512		Pix4		9	8	17		26,431	23,233	24,926		20.1	23.5	21.7		

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
			2004/2005	2003/2004	Blended		2004/2005	2003/2004	Blended		2004/2005	2003/2004	Blended	
514	Miscellaneous Urinary Tract Procedures (MNRH)		14	9	23		2,151	1,619	1,943		1.5	1.1	1.3	
514		Ptx1	14	9	23		2,151	1,619	1,943		1.5	1.1	1.3	
514		Ptx2												
514		Ptx3												
514		Ptx4												
520	Renal Failure With Dialysis		131	133	264		19,553	16,078	17,802		16.2	14.6	15.4	
520		Ptx1	44	51	95		12,479	12,309	12,388		12.5	12.0	12.3	
520		Ptx2	24	33	57		13,762	13,142	13,403		13.4	12.5	12.8	
520		Ptx3	30	21	51		22,235	14,102	18,886		20.3	12.9	17.3	
520		Ptx4	35	28	63		36,122	28,628	32,791		23.1	24.3	23.6	
521	Renal Failure Without Dialysis		567	533	1,100		7,089	6,972	7,032		8.4	8.6	8.5	
521		Ptx1	340	283	623		4,928	4,845	4,890		6.2	6.2	6.2	
521		Ptx2	110	105	215		6,986	7,353	7,165		8.5	9.9	9.2	
521		Ptx3	68	85	153		10,139	9,572	9,824		12.2	12.9	12.6	
521		Ptx4	51	71	122		21,876	16,786	18,914		22.9	18.0	20.0	
522	Urinary Neoplasm		153	155	308		8,284	8,161	8,222		10.6	10.6	10.6	
522		Ptx1	71	73	144		6,056	5,289	5,667		7.3	6.8	7.1	
522		Ptx2	47	43	90		8,998	8,593	8,804		12.6	12.1	12.4	
522		Ptx3	19	21	40		10,548	12,764	11,711		12.7	16.5	14.7	
522		Ptx4	17	23	40		18,500	19,163	18,881		21.6	24.2	23.1	
524	Nephrotic Syndrome		33	33	66		4,368	3,813	4,090		4.3	4.6	4.5	
524		Ptx1	26	25	51		3,723	3,695	3,709		3.2	4.0	3.6	
524		Ptx2	1	4	5		4,489	4,887	4,808		6.0	7.8	7.4	
524		Ptx3	6	4	10		7,142	3,472	5,674		8.8	5.3	7.4	
524		Ptx4	1	1	5		11,234	21,258	21,523		21.0	24.0	22.5	
525	Nephropathy Without Nephrotic Syndrome		50	42	92		5,584	5,259	5,435		5.4	5.4	5.4	
525		Ptx1	30	24	54		3,614	3,470	3,550		3.0	3.3	3.1	
525		Ptx2	3	7	10		5,195	6,870	6,368		5.7	6.9	6.5	
525		Ptx3	11	10	21		9,503	9,618	9,558		9.7	10.0	9.9	
525		Ptx4	4	2	6		8,386	16,565	11,112		9.3	16.0	11.5	

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
526	Miscellaneous Nephrological Diagnosis		14	13	27	4,162	3,930	4,050	4.8	4.5	4.6			
526		Pix1	13	8	21	3,790	3,561	3,703	3.8	3.6	3.8			
526		Pix2	1	1	5	13,478	1,742	8,886	24.0	2.0	13.0			
526		Pix3		4	4		5,215	5,215		6.8	6.8			
526		Pix4	1	1	2	8,992	74,043	41,517	17.0	40.0	28.5			
527	Upper Urinary Tract Infection		431	410	841	3,835	3,470	3,657	4.3	4.1	4.2			
527		Pix1	376	365	741	3,643	3,304	3,476	4.1	3.9	4.0			
527		Pix2	26	20	46	6,325	5,856	6,121	7.6	6.8	7.2			
527		Pix3	30	25	55	5,145	5,374	5,249	6.6	7.0	6.8			
527		Pix4	15	10	25	15,786	10,560	13,696	13.1	9.6	11.7			
529	Lower Urinary Tract Infection		989	774	1,763	5,024	4,676	4,871	6.4	6.1	6.3			
529		Pix1	664	535	1,199	3,880	3,670	3,786	5.0	4.9	5.0			
529		Pix2	143	106	249	6,110	6,941	6,484	8.5	9.5	8.9			
529		Pix3	99	82	181	5,882	6,586	6,201	8.1	8.7	8.3			
529		Pix4	72	59	131	16,003	13,185	14,734	16.1	15.0	15.6			
532	Urinary Retention And Other Functional Disorders Of Bladder		95	77	172	3,439	3,153	3,311	3.9	3.3	3.6			
532		Pix1	83	70	153	3,177	2,820	3,014	3.2	2.9	3.1			
532		Pix2	7	5	12	4,617	5,939	5,167	8.1	5.6	7.1			
532		Pix3	6	1	7	9,802	12,145	10,137	12.2	19.0	13.1			
532		Pix4	1	2	4	27,149	7,851	11,638	37.0	11.5	20.0			
534	Miscellaneous Urological Diagnoses (MNRH)		132	158	290	2,754	3,118	2,952	2.9	3.5	3.2			
534		Pix1	116	135	251	2,474	2,623	2,554	2.6	2.8	2.7			
534		Pix2	10	11	21	4,763	5,490	5,144	4.7	6.0	5.4			
534		Pix3	5	8	13	8,008	7,976	7,988	5.0	8.1	6.9			
534		Pix4		5	5		23,346	23,346		25.8	25.8			
535	Hematuria (MNRH)		118	109	227	2,992	2,683	2,844	3.6	3.4	3.5			
535		Pix1	101	99	200	2,522	2,498	2,510	3.1	3.3	3.2			
535		Pix2	11	5	16	6,510	3,028	5,422	8.2	4.0	6.9			
535		Pix3	7	3	10	6,788	5,765	6,481	9.0	5.3	7.9			
535		Pix4	5	3	8	14,113	13,025	13,705	19.0	20.0	19.4			

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases			
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	
536	Urinary Obstruction (MNRH)		719	699	1,418		2,058	1,900	1,980	1.9	1.8	1.8
536		P1x1	685	674	1,359		1,976	1,869	1,923	1.8	1.8	1.8
536		P1x2	15	16	31		3,687	3,839	3,766	3.8	5.0	4.4
536		P1x3	23	15	38		5,054	4,590	4,871	4.6	5.5	5.0
536		P1x4	4	6	10		17,476	12,296	14,368	23.0	16.7	19.2
538	Admission For Dialysis (MNRH)		1	2	4		4,824	6,519	4,960	4.0	4.5	4.3
538		P1x1	1		2		4,824		3,401	4.0		4.0
538		P1x2		1	1			8,771	8,771		7.0	7.0
538		P1x3		1	1			4,266	4,266		2.0	2.0
538		P1x4										
550	Major Pelvic And Retroperitoneum Procedures		3	2	5		12,173	27,285	18,218	5.3	10.5	7.4
550		P1x1	3	1	4		12,173	12,072	12,148	5.3	6.0	5.5
550		P1x2	1		1		43,665		43,665	28.0		28.0
550		P1x3										
550		P1x4		1	1			42,499	42,499	15.0		15.0
551	Penis Procedures		75	84	159		3,430	3,579	3,508	1.3	1.4	1.4
551		P1x1	74	84	158		3,422	3,579	3,505	1.3	1.4	1.3
551		P1x2	1	2	4		3,974	7,247	6,031	2.0	8.0	6.0
551		P1x3										
551		P1x4		1	5			120,770	75,207	64.0		64.0
552	Testes Procedures		115	112	227		2,828	2,433	2,633	1.3	1.4	1.4
552		P1x1	113	111	224		2,814	2,435	2,627	1.3	1.4	1.4
552		P1x2	1	1	5		2,754	2,133	7,029	2.0	1.0	1.5
552		P1x3	2		4		22,332		21,915	18.5		18.5
552		P1x4	5	3	8		74,709	48,789	64,989	26.6	35.0	29.8
554	Miscellaneous Male Reproductive System Procedures (MNRH)		71	75	146		2,138	1,707	1,917	1.0	1.0	1.0
554		P1x1	70	75	145		2,091	1,707	1,892	1.0	1.0	1.0
554		P1x2		1	2			6,540	10,220		8.0	8.0
554		P1x3		1	1			3,465	3,465		2.0	2.0

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
			2004/2005	2003/2004	Blended		2004/2005	2003/2004	Blended		2004/2005	2003/2004	Blended	
554		Pix4	4	1	5		29,667	109,270	45,588		15.8	52.0	23.0	
555	Circumcision (MNRH)		8	8	16		2,243	1,857	2,050		1.0	1.0	1.0	
555		Pix1	8	8	16		2,243	1,857	2,050		1.0	1.0	1.0	
555		Pix2		1	1			4,547	4,547		3.0	3.0	3.0	
555		Pix3												
555		Pix4												
560	Malignancy Of Male Reproductive Organ		5	1	6		9,842	22,777	11,998		10.8	17.0	11.8	
560		Pix1	3		4		5,972		7,379		5.7		5.7	
560		Pix2			1				8,453					
560		Pix3	1		2		9,873		9,213		11.0		11.0	
560		Pix4		1	1			22,777	22,777			17.0	17.0	
561	Male Reproductive System Inflammation		41	43	84		3,344	2,400	2,861		4.0	3.2	3.6	
561		Pix1	37	41	78		3,274	2,334	2,780		4.0	3.1	3.5	
561		Pix2	3	2	5		2,870	3,747	3,221		3.7	4.5	4.0	
561		Pix3	1		2		7,390		4,871		6.0		6.0	
561		Pix4			1				6,984					
562	Other Male Reproductive System Diagnoses		9	8	17		2,377	2,246	2,315		2.4	3.1	2.8	
562		Pix1	9	7	16		2,377	1,999	2,212		2.4	2.7	2.6	
562		Pix2		1	2			3,973	2,912			6.0	6.0	
562		Pix3												
562		Pix4	1		2			14,310	15,026			21.0	21.0	
563	Miscellaneous Male Reproductive System Diagnoses (MNRH)		5	10	15		1,884	2,810	2,501		1.8	3.3	2.8	
563		Pix1	5	9	14		1,884	2,915	2,547		1.8	3.6	2.9	
563		Pix2		1	1			1,858	1,858			1.0	1.0	
563		Pix3												
563		Pix4												
575	PWS - Pelvic Exenteration		1	2	4		23,907	12,381	17,003		17.0	10.0	12.3	
575		Pix1	1	1	2		23,907	13,093	18,500		17.0	11.0	14.0	
575		Pix2												

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
			2004/2005	2003/2004	Blended		2004/2005	2003/2004	Blended		2004/2005	2003/2004	Blended	
575		Plx3			1	2	11,669	15,507			45.0	9.0	9.0	
575		Plx4	1			1	47,064	47,064					45.0	
576	PWS - Radical Hysterectomy And Vulvectomy		64	78	142		8,447	7,422	7,884		5.5	5.6	5.6	
576		Plx1	55	63	118		8,093	6,950	7,483		5.1	5.1	5.1	
576		Plx2	6	3	9		10,286	9,491	10,021		7.2	8.0	7.4	
576		Plx3	1	9	10		9,135	9,304	9,287		7.0	7.9	7.8	
576		Plx4	4	3	7		49,475	20,983	37,264		40.3	18.7	31.0	
577	Major Gynecological Procedures For Ovarian Or Adnexal Malignancy		199	180	379		8,500	8,051	8,287		5.8	6.2	6.0	
577		Plx1	146	132	278		7,544	6,869	7,223		5.2	5.2	5.2	
577		Plx2	18	18	36		9,005	8,634	8,820		6.3	7.1	6.7	
577		Plx3	23	17	40		11,001	11,375	11,160		8.1	10.3	9.1	
577		Plx4	16	17	33		21,327	18,264	19,749		13.6	13.8	13.7	
578	Major Gynecological Procedures For Malignancy Except Ovarian Or Adnexal		300	290	590		6,205	5,273	5,747		4.0	4.1	4.0	
578		Plx1	269	258	527		5,933	4,957	5,455		3.8	3.8	3.8	
578		Plx2	16	21	37		7,968	7,446	7,672		5.3	5.8	5.6	
578		Plx3	14	14	28		9,819	10,619	10,219		7.8	8.6	8.2	
578		Plx4	8	7	15		17,544	15,497	16,588		13.4	12.1	12.8	
579	Major Uterine And Adnexal Procedures Without Malignancy		4,080	4,206	8,286		4,327	3,972	4,147		3.1	3.1	3.1	
579		Plx1	3,975	4,066	8,041		4,275	3,895	4,083		3.0	3.0	3.0	
579		Plx2	70	78	148		6,557	6,417	6,483		5.2	5.1	5.1	
579		Plx3	45	67	112		8,070	7,218	7,560		6.6	6.1	6.3	
579		Plx4	13	23	36		8,619	11,275	10,316		7.8	7.9	7.9	
581	Reconstructive Gynecological Procedures		832	881	1,713		3,678	3,917	3,801		2.7	2.7	2.7	
581		Plx1	818	868	1,686		3,645	3,903	3,778		2.7	2.7	2.7	
581		Plx2	10	17	27		7,418	8,019	7,796		5.7	6.5	6.2	
581		Plx3	4	13	17		4,787	9,484	8,379		3.5	9.0	7.7	
581		Plx4	5	3	8		8,781	14,148	10,794		8.8	10.7	9.5	
582	Other Gynecological Procedures		75	81	156		4,548	4,265	4,401		3.4	3.5	3.5	
582		Plx1	67	77	144		4,011	4,163	4,092		3.0	3.4	3.2	

Schedule 2 – Inpatient Yearly Comparisons

CMHA Code Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
582	Pix2	3	1	5	5,104	4,289	4,554	4.7	5.0	4.8
582	Pix3	4	2	6	12,585	4,234	9,801	9.3	3.0	7.2
582	Pix4	4	1	5	11,471	12,157	11,608	10.8	11.0	10.8
583 Radio-Implant For Malignancy		23	28	51	2,799	3,763	3,329	2.1	2.1	2.1
583	Pix1	22	28	50	2,835	3,763	3,355	2.2	2.1	2.2
583	Pix2									
583	Pix3									
583	Pix4	2		2	5,849		5,849	5.0		5.0
584 Vagina, Cervix And Vulva Procedures		203	147	350	3,178	3,235	3,202	2.7	2.6	2.6
584	Pix1	201	144	345	3,152	3,211	3,176	2.7	2.6	2.6
584	Pix2	2	3	5	7,941	4,366	5,796	6.0	4.0	4.8
584	Pix3	2		3	8,609		9,008	9.0		9.0
584	Pix4									
585 Gynecological Laparoscopy (MNRH)		19	18	37	2,477	2,194	2,339	2.2	2.1	2.2
585	Pix1	19	17	36	2,477	2,094	2,296	2.2	1.9	2.1
585	Pix2		1	1		3,882	3,882	5.0	5.0	5.0
585	Pix3									
585	Pix4									
586 Tubal Interruption (MNRH)		6	10	16	2,703	2,084	2,316	2.0	1.5	1.7
586	Pix1	5	10	15	2,578	2,084	2,249	1.8	1.5	1.6
586	Pix2	1		1	3,330		3,330	3.0		3.0
586	Pix3									
586	Pix4									
587 Miscellaneous Gynecological Procedures (MNRH)		299	234	533	1,370	1,366	1,368	1.2	1.3	1.2
587	Pix1	297	232	529	1,362	1,344	1,354	1.2	1.2	1.2
587	Pix2	3	2	5	4,377	3,956	4,209	6.0	2.5	4.6
587	Pix3	2	1	5	12,813	4,337	13,628	13.5	5.0	10.7
587	Pix4	3	2	5	48,256	22,591	37,990	35.0	30.0	33.0
592 Malignancy Of Female Reproductive Organ		75	70	145	6,315	6,750	6,525	8.7	8.9	8.8
592	Pix1	41	36	77	3,996	5,042	4,485	5.5	6.4	5.9

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Ph Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
592		Pix2	18	23	41	6,243	7,518	6,958	8.6	10.4	9.6
592		Pix3	8	7	15	10,516	6,660	8,716	13.5	8.1	11.0
592		Pix4	9	4	13	16,815	17,870	17,140	22.9	24.5	23.4
594	Female Reproductive System Infection		78	78	156	2,443	2,365	2,404	3.3	3.0	3.2
594		Pix1	76	75	151	2,428	2,302	2,365	3.3	3.0	3.1
594		Pix2	2	4	6	6,042	6,853	6,583	9.5	9.0	9.2
594		Pix3	1	1	3	2,746	4,714	3,149	4.0	5.0	4.5
594		Pix4									
595	Other Female Reproductive System Diagnoses And Injuries		5	10	15	2,084	1,158	1,467	2.2	1.7	1.9
595		Pix1	4	8	12	2,006	1,045	1,365	2.3	1.5	1.8
595		Pix2	1	1	4	2,399	337	1,890	2.0	1.0	1.5
595		Pix3	2	1	3	6,761	2,885	5,469	10.0	4.0	8.0
595		Pix4									
596	Miscellaneous Gynecological Diagnoses (MINRH)		238	248	486	1,937	1,756	1,845	2.0	2.0	2.0
596		Pix1	230	241	471	1,888	1,723	1,804	1.9	1.9	1.9
596		Pix2	7	5	12	3,680	3,132	3,452	4.1	4.4	4.3
596		Pix3	2	2	5	3,888	2,269	3,071	4.5	2.0	3.3
596		Pix4									
599	Premature Labour		333	338	671	2,450	2,542	2,497	3.1	3.5	3.3
599		Pix9	333	338	671	2,450	2,542	2,497	3.1	3.5	3.3
600	Major Procedures In Pregnancy Or Childbirth		155	120	275	5,813	6,089	5,934	4.0	4.4	4.2
600		Pix9	155	120	275	5,813	6,089	5,934	4.0	4.4	4.2
601	Repeat Caesarean Delivery With Complicating Diagnosis		844	754	1,598	3,664	3,659	3,662	3.2	3.2	3.2
601		Pix9	844	754	1,598	3,664	3,659	3,662	3.2	3.2	3.2
602	Caesarean Delivery With Complicating Diagnosis		2,133	2,006	4,139	4,654	4,487	4,573	3.8	3.8	3.8
602		Pix9	2,133	2,006	4,139	4,654	4,487	4,573	3.8	3.8	3.8
603	Repeat Caesarean Delivery		1,571	1,492	3,063	3,033	2,899	2,968	2.7	2.7	2.7
603		Pix9	1,571	1,492	3,063	3,033	2,899	2,968	2.7	2.7	2.7
604	Caesarean Delivery		2,230	2,217	4,447	3,763	3,782	3,773	3.1	3.2	3.2
604		Pix9	2,230	2,217	4,447	3,763	3,782	3,773	3.1	3.2	3.2

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
605	Fetal Surgery		5	2	7	2,570	6,384	3,660	1.8	4.5	2.6
605		Ptx9	5	2	7	2,570	6,384	3,660	1.8	4.5	2.6
606	Vaginal Delivery With Sterilization Procedures		9	19	28	3,122	3,403	3,312	2.4	2.2	2.3
606		Ptx9	9	19	28	3,122	3,403	3,312	2.4	2.2	2.3
607	Vaginal Delivery With Minor Procedures		130	118	248	3,075	2,937	3,009	2.3	2.1	2.2
607		Ptx9	130	118	248	3,075	2,937	3,009	2.3	2.1	2.2
	Vaginal Delivery After Caesarean (VBAC) With Complicating										
608	Diagnosis		277	267	544	2,387	2,505	2,445	1.7	1.7	1.7
608		Ptx9	277	267	544	2,387	2,505	2,445	1.7	1.7	1.7
609	Vaginal Delivery With Complicating Diagnosis		7,793	7,525	15,318	2,504	2,561	2,532	1.9	2.0	1.9
609		Ptx9	7,793	7,525	15,318	2,504	2,561	2,532	1.9	2.0	1.9
610	Vaginal Delivery After Caesarean Delivery (VBAC)		390	448	838	2,150	2,143	2,146	1.4	1.4	1.4
610		Ptx9	390	448	838	2,150	2,143	2,146	1.4	1.4	1.4
611	Vaginal Delivery		10,012	10,208	20,220	1,958	1,982	1,970	1.4	1.5	1.4
611		Ptx9	10,012	10,208	20,220	1,958	1,982	1,970	1.4	1.5	1.4
612	Ectopic Pregnancy With Major Procedures		80	87	167	4,185	4,043	4,111	3.2	3.1	3.2
612		Ptx9	80	87	167	4,185	4,043	4,111	3.2	3.1	3.2
613	Ectopic Pregnancy With Minor Procedures		235	258	493	2,458	2,388	2,421	1.6	1.5	1.5
613		Ptx9	235	258	493	2,458	2,388	2,421	1.6	1.5	1.5
614	Ectopic Pregnancy		54	57	111	646	721	684	1.0	1.0	1.0
614		Ptx9	54	57	111	646	721	684	1.0	1.0	1.0
615	Threatened Abortion		49	49	98	1,042	1,016	1,029	1.4	1.3	1.4
615		Ptx9	49	49	98	1,042	1,016	1,029	1.4	1.3	1.4
616	Abortive Outcome With Injection		12	22	34	1,911	1,546	1,675	1.9	1.3	1.5
616		Ptx9	12	22	34	1,911	1,546	1,675	1.9	1.3	1.5
617	Abortive Outcome With D And C		1,014	1,064	2,078	1,038	994	1,016	1.0	1.0	1.0
617		Ptx9	1,014	1,064	2,078	1,038	994	1,016	1.0	1.0	1.0
618	Abortive Outcome		181	169	350	1,440	1,146	1,298	1.0	1.0	1.0
618		Ptx9	181	169	350	1,440	1,146	1,298	1.0	1.0	1.0

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
619	False Labour LOS < 3 Days (MNRH)		389	385	774	816	920	868	1.0	1.0	1.0
619		Ptx9	389	385	774	816	920	868	1.0	1.0	1.0
620	Post-Partum Diagnosis With Procedures Other Than D And C		19	16	35	4,249	4,691	4,451	2.8	4.6	3.6
620		Ptx9	19	16	35	4,249	4,691	4,451	2.8	4.6	3.6
621	Post-Partum Diagnosis With D And C		112	131	243	1,448	1,317	1,377	1.3	1.3	1.3
621		Ptx9	112	131	243	1,448	1,317	1,377	1.3	1.3	1.3
622	Post-Partum Diagnosis		410	444	854	1,806	1,924	1,867	2.4	2.4	2.4
622		Ptx9	410	444	854	1,806	1,924	1,867	2.4	2.4	2.4
623	Antepartum Diagnosis With Complicating Diagnosis		652	710	1,362	2,063	2,051	2,057	2.9	2.8	2.9
623		Ptx9	652	710	1,362	2,063	2,051	2,057	2.9	2.8	2.9
624	Antepartum Diagnosis		944	853	1,797	1,396	1,414	1,405	1.7	1.7	1.7
624		Ptx9	944	853	1,797	1,396	1,414	1,405	1.7	1.7	1.7
625	PWS - Neonates Weight < 750 Grams		31	79	110	17,120	12,789	14,009	5.5	4.0	4.4
625		Ptx9	31	79	110	17,120	12,789	14,009	5.5	4.0	4.4
626	PWS - Neonates Weight 750-999 Grams		82	108	190	75,038	81,235	78,560	42.0	41.5	41.7
626		Ptx9	82	108	190	75,038	81,235	78,560	42.0	41.5	41.7
627	PWS - Neonates Weight 1000-1499 gm With Catastrophic Diagnosis		2	4	6	35,671	69,696	58,354	13.5	33.3	26.7
627		Ptx9	2	4	6	35,671	69,696	58,354	13.5	33.3	26.7
628	PWS - Neonates Weight 1000-1499 gm Without Catastrophic Diagnosis		354	358	712	38,087	40,716	39,409	25.9	27.2	26.6
628		Ptx9	354	358	712	38,087	40,716	39,409	25.9	27.2	26.6
630	PWS - Neonates Weight 1500-1999 gm With Catastrophic Diagnosis		1	4	5	20,426	59,087	51,355	22.0	28.0	26.8
630		Ptx9	1	4	5	20,426	59,087	51,355	22.0	28.0	26.8
631	Neonates Weight 1500-1999 gm With Major Problem Diagnosis		165	224	389	28,561	27,088	27,713	18.3	18.0	18.1
631		Ptx9	165	224	389	28,561	27,088	27,713	18.3	18.0	18.1
632	Neonates Weight 1500-1999 gm With Mod Or Minor Or No Problem Diagnosis		538	553	1,091	15,324	14,003	14,654	13.7	14.0	13.9
632		Ptx9	538	553	1,091	15,324	14,003	14,654	13.7	14.0	13.9
636	PWS - Neonates Weight 2000-2499 gm With Catastrophic Diagnosis		4	1	5	26,908	15,626	24,652	14.3	16.0	14.6

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
636		Pix9	4	1	5	26,908	15,626	24,652	14.3	16.0	14.6
637	Neonates Weight 2000-2499 gm With Major Problem Diagnosis		203	163	366	18,901	17,964	18,484	10.2	11.7	10.9
637		Pix9	203	163	366	18,901	17,964	18,484	10.2	11.7	10.9
638	Neonates Weight 2000-2499 gm With Moderate Problem Diagnosis		221	233	454	10,547	11,503	11,038	8.6	9.5	9.1
638		Pix9	221	233	454	10,547	11,503	11,038	8.6	9.5	9.1
639	Neonates Weight 2000-2499 gm With Minor Problem Diagnosis		972	1,007	1,979	5,248	4,961	5,102	5.5	5.6	5.5
639		Pix9	972	1,007	1,979	5,248	4,961	5,102	5.5	5.6	5.5
640	Neonates Weight 2000-2499 gm With No Problem Diagnosis		193	215	408	1,033	1,017	1,024	1.5	1.6	1.6
640		Pix9	193	215	408	1,033	1,017	1,024	1.5	1.6	1.6
643	PWS - Neonates Weight > 2500 gm With Catastrophic Diagnosis		23	25	48	29,233	19,739	24,288	10.1	8.2	9.1
643		Pix9	23	25	48	29,233	19,739	24,288	10.1	8.2	9.1
644	Neonates Weight > 2500 gm With Major Problem Diagnosis		581	601	1,182	12,807	10,850	11,812	6.0	5.4	5.7
644		Pix9	581	601	1,182	12,807	10,850	11,812	6.0	5.4	5.7
645	Neonates Weight > 2500 gm With Moderate Problem Diagnosis		1,281	1,281	2,562	4,384	4,077	4,231	3.4	3.4	3.4
645		Pix9	1,281	1,281	2,562	4,384	4,077	4,231	3.4	3.4	3.4
646	Neonates Weight > 2500 gm With Caesarian Delivery		5,584	5,306	10,890	1,519	1,456	1,488	2.8	2.8	2.8
646		Pix9	5,584	5,306	10,890	1,519	1,456	1,488	2.8	2.8	2.8
647	Neonates Weight > 2500 gm With Minor Problem Diagnosis		1,930	1,910	3,840	2,236	1,970	2,104	2.3	2.2	2.2
647		Pix9	1,930	1,910	3,840	2,236	1,970	2,104	2.3	2.2	2.2
648	Neonates Weight > 2500 gm (Normal Newborn)		16,875	16,786	33,661	763	745	754	1.3	1.3	1.3
648		Pix9	16,875	16,786	33,661	763	745	754	1.3	1.3	1.3
650	PWS - Tracheostomy And Gastrostomy Procedures For Trauma		124	113	237	102,093	94,405	98,427	43.9	43.5	43.7
650		Pix1	4	6	10	28,931	22,739	25,216	18.5	17.5	17.9
650		Pix2	4	4	8	48,479	43,889	46,194	19.0	23.0	21.0
650		Pix3	5	2	7	57,275	56,303	56,997	56.8	33.0	50.0
650		Pix4	110	101	211	109,107	101,418	105,426	44.7	46.1	45.4
651	PWS - Intracranial Procedures With Spinal Procedures For Trauma		1	2	5	37,914	25,992	27,126	22.0	10.0	14.0

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
651		Pix9	1	2	5	37,914	25,992	27,126	22.0	10.0	14.0
652	PWS - Intracranial Procedures With Femur Procedures For Trauma		2	3	5	76,189	95,233	87,616	23.5	26.3	25.2
652		Pix9	2	3	5	76,189	95,233	87,616	23.5	26.3	25.2
	PWS - Intracranial Or Femur Procedures With Thoraco-Abdominal										
653	Procedures For Trauma		13	17	30	42,904	37,966	40,106	20.3	19.8	20.0
653		Pix9	13	17	30	42,904	37,966	40,106	20.3	19.8	20.0
	PWS - Intracranial Procedures W Wound Debridement Or Lower										
654	Extremity Proc For Trauma		3	6	9	33,706	24,724	27,718	9.7	7.8	8.4
654		Pix9	3	6	9	33,706	24,724	27,718	9.7	7.8	8.4
655	PWS - Spinal Procedures With Femur Procedures For Trauma		6	5	11	65,469	41,859	54,737	32.7	24.6	29.0
655		Pix9	6	5	11	65,469	41,859	54,737	32.7	24.6	29.0
	PWS - Spinal Procedures With Thoraco-Abdominal Procedures For										
656	Trauma		3	2	5	35,139	56,652	43,744	16.0	22.0	18.4
656		Pix9	3	2	5	35,139	56,652	43,744	16.0	22.0	18.4
	PWS - Spinal Procedures With Wound Debridement Or Lower										
657	Extremity Proc For Trauma		10	25	35	29,694	32,272	31,535	16.7	13.7	14.6
657		Pix9	10	25	35	29,694	32,272	31,535	16.7	13.7	14.6
	Femur Procedures With Wound Debridement Or Lower Extremity Proc										
658	For Trauma		78	65	143	30,964	30,514	30,759	15.9	17.2	16.5
658		Pix9	78	65	143	30,964	30,514	30,759	15.9	17.2	16.5
	Thoraco-Abdominal Proc W Wound Debridement Or Lower Extremity										
659	Proc For Trauma		15	13	28	32,882	60,435	45,674	15.7	28.4	21.6
659		Pix9	15	13	28	32,882	60,435	45,674	15.7	28.4	21.6
660	PWS - Intracranial Procedures For Trauma		150	142	292	17,342	20,102	18,685	7.5	8.1	7.8
660		Pix1	87	69	156	10,220	9,303	9,815	5.7	5.1	5.4
660		Pix2	21	21	42	17,028	18,839	17,933	7.7	7.7	7.7
660		Pix3	12	9	21	26,558	23,140	25,093	13.4	9.8	11.9
660		Pix4	34	45	79	42,779	41,691	42,159	14.5	15.6	15.1
661	PWS - Spinal Procedures For Trauma		104	111	215	18,600	21,446	20,069	11.9	11.3	11.6
661		Pix1	59	62	121	14,726	14,041	14,375	9.1	7.9	8.5

Schedule 2 – Inpatient Yearly Comparisons

CMG Code Description	Pb Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
661	Pix2	25	20	45	20,569	21,284	20,886	11.7	13.1	12.3
661	Pix3	7	9	16	42,189	20,268	29,859	23.0	14.3	18.1
661	Pix4	10	18	28	29,817	45,964	40,197	18.7	17.9	18.2
662 Femur Or Pelvic Procedures For Trauma		1,139	1,258	2,397	11,707	10,982	11,326	10.3	10.2	10.3
662	Pix1	801	856	1,657	9,318	8,666	8,982	8.1	7.9	8.0
662	Pix2	184	214	398	15,525	14,316	14,875	13.5	14.0	13.8
662	Pix3	70	97	167	19,015	18,640	18,797	18.9	18.5	18.7
662	Pix4	69	97	166	28,728	25,754	26,990	25.0	22.5	23.5
663 Thoraco-Abdominal Procedures For Trauma		175	186	361	11,939	11,126	11,520	6.9	7.0	7.0
663	Pix1	109	110	219	9,121	8,439	8,778	6.1	6.0	6.0
663	Pix2	30	32	62	11,766	11,921	11,846	7.2	7.5	7.4
663	Pix3	20	20	40	19,280	15,621	17,451	8.4	10.2	9.3
663	Pix4	23	36	59	53,498	40,509	45,572	18.4	18.6	18.5
664 Wound Debridement And Skin Graft For Trauma		261	229	490	14,576	14,212	14,406	10.1	9.6	9.9
664	Pix1	212	179	391	11,465	9,999	10,794	8.2	7.6	7.9
664	Pix2	26	19	45	23,446	18,731	21,455	14.2	14.1	14.2
664	Pix3	15	16	31	32,559	29,423	30,940	22.9	18.3	20.5
664	Pix4	7	17	24	58,952	42,626	47,388	30.3	22.9	25.1
665 PWS - Elevated Skull Fractures		14	15	29	12,513	9,970	11,197	6.0	4.7	5.3
665	Pix1	10	11	21	8,839	9,039	8,944	4.4	3.5	3.9
665	Pix2	5	3	8	23,639	10,736	18,800	11.6	7.7	10.1
665	Pix3	1	1	1	17,910	17,910	17,910	10.0	10.0	10.0
665	Pix4	1	1	1	40,999	40,999	40,999	18.0	18.0	18.0
666 Major Lower Extremity Procedures For Trauma		1,838	2,083	3,921	4,949	4,615	4,772	3.1	3.0	3.0
666	Pix1	1,779	2,015	3,794	4,812	4,513	4,653	3.0	2.9	2.9
666	Pix2	107	113	220	14,238	13,735	13,980	10.5	9.9	10.2
666	Pix3	35	39	74	18,537	15,018	16,682	12.4	11.5	12.0
666	Pix4	27	18	45	39,471	32,879	36,834	19.8	26.6	22.5
667 Minor Lower Extremity Procedures For Trauma		38	46	84	5,220	3,998	4,551	3.8	2.7	3.2
667	Pix1	37	46	83	5,101	3,998	4,489	3.6	2.7	3.1

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
667		Plx2	1	1	5	9,651	20,502	16,823	10.0	13.0	11.5
667		Plx3									
667		Plx4		1	2		23,394	28,486		16.0	16.0
668	Miscellaneous Musculoskeletal Procedures For Trauma		417	427	844	5,299	5,245	5,271	3.1	3.0	3.1
668		Plx1	400	405	805	5,125	5,052	5,088	3.0	2.9	3.0
668		Plx2	29	26	55	12,959	11,241	12,147	8.2	6.8	7.6
668		Plx3	2	4	6	23,390	23,916	23,741	13.5	15.0	14.5
668		Plx4	8	2	10	31,487	30,368	31,263	13.0	8.5	12.1
669	Vascular Repair For Trauma		69	98	167	5,993	5,527	5,720	2.8	2.4	2.6
669		Plx1	62	89	151	5,645	5,058	5,299	2.7	2.3	2.5
669		Plx2	5	2	7	9,124	12,408	10,062	4.2	12.0	6.4
669		Plx3	1	6	7	12,832	15,488	15,109	12.0	9.5	9.9
669		Plx4	1	2	4	6,364	10,520	8,695	2.0	1.0	1.3
670	Upper Extremity Procedures For Trauma		1,378	1,782	3,160	3,831	3,304	3,534	2.1	1.9	2.0
670		Plx1	1,264	1,661	2,925	3,461	3,026	3,214	1.8	1.7	1.7
670		Plx2	56	47	103	10,535	8,772	9,730	7.3	6.3	6.9
670		Plx3	7	11	18	8,566	15,511	12,810	7.4	12.4	10.4
670		Plx4	6	10	16	27,847	26,414	26,952	13.2	15.3	14.5
674	PWS - Intracranial Injuries With Spinal Injuries		28	24	52	13,075	15,068	13,995	7.0	8.7	7.8
674		Plx9	28	24	52	13,075	15,068	13,995	7.0	8.7	7.8
675	PWS - Intracranial Injuries With Fractures Of Femur Or Pelvis		14	6	20	9,046	17,193	11,490	6.1	8.0	6.7
675		Plx9	14	6	20	9,046	17,193	11,490	6.1	8.0	6.7
676	PWS - Intracranial Injuries With Thoraco-Abdominal Injuries		42	35	77	13,934	17,827	15,703	8.3	9.4	8.8
676		Plx9	42	35	77	13,934	17,827	15,703	8.3	9.4	8.8
677	Spinal Injuries With Fractures Of Femur		48	58	106	8,545	8,626	8,590	8.5	8.7	8.6
677		Plx9	48	58	106	8,545	8,626	8,590	8.5	8.7	8.6
678	Spinal Injuries With Thoraco-Abdominal Injuries		66	81	147	12,781	9,882	11,184	8.5	7.8	8.1
678		Plx9	66	81	147	12,781	9,882	11,184	8.5	7.8	8.1
679	Fractures Of Femur With Thoraco-Abdominal Injuries		34	27	61	6,539	9,340	7,778	7.1	9.9	8.3
679		Plx9	34	27	61	6,539	9,340	7,778	7.1	9.9	8.3

Schedule 2 – Inpatient Yearly Comparisons

CMG Code Description	Ph Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
680 Femur Or Pelvic Fractures And Dislocations		333	344	677	8,105	7,203	7,647	11.2	10.1	10.7
680	Pix1	241	246	487	6,091	6,022	6,056	8.7	8.6	8.6
680	Pix2	57	53	110	13,221	9,325	11,344	20.4	12.7	16.7
680	Pix3	24	28	52	17,488	10,222	13,575	24.3	12.9	18.2
680	Pix4	21	15	36	22,058	24,245	22,969	25.2	29.7	27.1
681 Frostbite		14	15	29	14,040	11,178	12,559	14.9	12.9	13.9
681	Pix1	9	13	22	11,177	9,135	9,970	11.8	10.5	11.0
681	Pix2		1	2	41,334	22,829		47.0	47.0	47.0
681	Pix3	3	1	4	10,409	7,582	9,702	12.3	10.0	11.8
681	Pix4	1		1	32,207		32,207	19.0		19.0
682 Spinal Injuries		369	338	707	5,179	4,801	4,998	5.6	5.6	5.6
682	Pix1	302	275	577	4,470	4,029	4,260	4.9	4.8	4.9
682	Pix2	47	38	85	6,332	6,274	6,306	6.8	7.0	6.9
682	Pix3	14	13	27	10,749	13,920	12,276	13.6	17.4	15.4
682	Pix4	9	18	27	21,844	25,853	24,516	25.8	26.4	26.2
683 Intracranial Injuries		347	306	653	6,689	6,086	6,407	5.0	4.7	4.8
683	Pix1	254	230	484	5,063	4,397	4,747	4.2	3.6	3.9
683	Pix2	17	13	30	7,166	6,794	7,005	5.8	7.9	6.7
683	Pix3	51	38	89	8,275	8,374	8,318	6.0	6.0	6.0
683	Pix4	28	27	55	28,011	19,922	24,040	18.6	14.1	16.4
684 Fracture Of Humerus		87	97	184	5,789	5,732	5,759	8.9	8.2	8.5
684	Pix1	66	80	146	3,505	3,789	3,661	5.3	5.4	5.3
684	Pix2	13	9	22	14,115	13,630	13,916	22.5	20.6	21.7
684	Pix3	3	3	6	7,710	11,799	9,755	12.3	13.0	12.7
684	Pix4	4	4	8	13,897	19,662	16,780	17.8	28.8	23.3
685 Hip And Thigh Injuries		42	29	71	5,748	3,526	4,840	8.4	5.3	7.1
685	Pix1	35	26	61	4,773	3,635	4,288	6.7	5.4	6.2
685	Pix2	8	4	12	22,099	5,350	16,516	32.5	11.3	25.4
685	Pix3	1	2	5	20,526	23,602	22,219	36.0	42.0	40.0
685	Pix4			2			15,329			

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
			2004/2005	2003/2004	Blended		2004/2005	2003/2004	Blended		2004/2005	2003/2004	Blended	
686	Major Nerve Injuries		3	9	12		9,838	10,236	10,137		4.0	4.6	4.4	
686		Pix1	3	8	11		9,838	11,151	10,793		4.0	4.5	4.4	
686		Pix2												
686		Pix3	1	2			2,917	10,128			5.0	5.0	5.0	
686		Pix4												
687	Thoraco-Abdominal Injuries		566	527	1,093		4,931	5,504	5,207		4.8	5.2	5.0	
687		Pix1	486	436	922		4,197	4,551	4,365		4.2	4.6	4.3	
687		Pix2	46	44	90		6,784	7,502	7,135		7.4	8.0	7.7	
687		Pix3	22	29	51		12,754	11,424	11,998		11.6	11.0	11.2	
687		Pix4	13	27	40		18,376	21,081	20,202		12.8	13.4	13.2	
688	Weight Bearing Injuries		273	267	540		2,964	2,913	2,939		3.5	3.4	3.4	
688		Pix1	233	229	462		2,126	2,238	2,181		2.4	2.4	2.4	
688		Pix2	22	19	41		9,221	7,131	8,252		12.0	9.6	10.9	
688		Pix3	10	8	18		9,532	24,399	16,140		10.5	32.3	20.2	
688		Pix4	5	8	13		20,989	22,257	21,770		27.2	26.5	26.8	
689	Genito-Urinary Injuries		64	50	114		3,601	3,104	3,383		3.7	3.5	3.6	
689		Pix1	52	46	98		3,083	3,202	3,139		3.1	3.6	3.4	
689		Pix2	10	4	14		4,981	5,120	5,020		5.7	6.5	5.9	
689		Pix3	3	1	5		14,026	1,466	9,350		13.7	1.0	10.5	
689		Pix4		3	5		18,135	25,456			17.0	17.0	17.0	
690	Crushing Injuries And Contusions		88	84	172		3,000	2,738	2,872		3.2	2.9	3.1	
690		Pix1	76	77	153		2,291	2,603	2,448		2.4	2.7	2.5	
690		Pix2	6	1	7		7,760	546	6,729		11.2	1.0	9.7	
690		Pix3	5	5	10		9,514	4,055	6,785		13.4	6.6	10.0	
690		Pix4	2	1	3		5,610	14,838	8,686		10.5	16.0	12.3	
691	Minor Lower Extremity Fractures		22	20	42		2,493	2,235	2,370		2.2	2.5	2.4	
691		Pix1	21	17	38		2,467	1,900	2,214		2.1	1.8	2.0	
691		Pix2	1	2	3		3,047	3,621	3,430		4.0	4.5	4.3	
691		Pix3			1				5,638					
691		Pix4												

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Ph Level	Costed Cases		Average Cost		Average LOS of Costed Cases	
			2004/2005	2003/2004 Blended	2004/2005	2003/2004 Blended	2004/2005	2003/2004 Blended
692	Wounds		618	539	1,157	2,634	2,639	2,636
692		Pix1	601	520	1,121	2,584	2,567	2,576
692		Pix2	10	13	23	4,477	6,516	5,629
692		Pix3	13	8	21	6,740	4,641	5,940
692		Pix4	6	7	13	26,531	11,382	18,374
693	Amputations Or Vascular And Other Nerve Injuries		105	96	201	3,381	2,806	3,106
693		Pix1	102	94	196	3,364	2,756	3,072
693		Pix2	2	1	5	2,578	9,987	5,325
693		Pix3	3	3	6	12,435	7,504	9,969
693		Pix4	1	1	3	39,554	57,645	34,878
694	Facial Injuries		205	193	398	3,264	2,798	3,038
694		Pix1	200	188	388	3,135	2,730	2,938
694		Pix2	5	5	10	7,828	6,963	7,396
694		Pix3	1	1	5	8,256	1,834	4,110
694		Pix4	3	4	4	19,953	17,906	7.3
695	Other Cranial Injuries		346	318	664	3,225	2,959	3,098
695		Pix1	238	229	467	2,180	2,080	2,131
695		Pix2	29	19	48	6,113	5,517	5,877
695		Pix3	44	35	79	6,917	5,216	6,163
695		Pix4	22	25	47	18,500	17,863	18,161
696	Upper Extremity Fractures		243	254	497	2,095	2,016	2,054
696		Pix1	234	249	483	2,053	1,987	2,019
696		Pix2	25	13	38	7,047	8,460	7,530
696		Pix3	6	10	16	12,341	8,710	10,072
696		Pix4		4	5		25,049	23,528
700	PWS - Bone Marrow Transplant		144	152	296	58,251	54,735	56,445
700		Pix1	9	17	26	35,708	34,797	35,112
700		Pix2	4	11	15	32,321	47,104	43,162
700		Pix3	7	12	19	60,779	46,302	51,635
700		Pix4	124	113	237	60,580	60,175	60,387

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
701	Splenectomy		60	76	136	9,841	8,120	8,879	5.1	4.6	4.8
701		Plx1	48	71	119	8,256	7,723	7,938	3.8	4.4	4.1
701		Plx2	9	3	12	15,252	9,202	13,740	10.3	7.0	9.5
701		Plx3	1	1	5	14,048	8,670	11,336	6.0	7.0	6.5
701		Plx4	3	1	5	58,180	32,493	47,118	33.0	10.0	27.3
703	Other O.R. Procedures Of Blood And Blood-Forming Organs		84	86	170	8,216	7,516	7,862	5.3	4.9	5.1
703		Plx1	67	70	137	5,861	5,725	5,791	4.1	3.9	4.0
703		Plx2	8	9	17	22,981	10,574	16,413	12.1	6.1	8.9
703		Plx3	7	5	12	15,742	17,232	16,363	14.0	11.8	13.1
703		Plx4	9	7	16	49,610	62,566	55,279	23.6	38.7	30.2
704	Red Blood Cell Disorders		548	469	1,017	4,791	5,149	4,956	5.5	5.6	5.6
704		Plx1	392	367	759	3,946	4,259	4,097	4.7	4.8	4.8
704		Plx2	87	58	145	6,026	7,688	6,691	7.1	8.5	7.7
704		Plx3	51	30	81	8,079	8,515	8,241	9.0	10.2	9.4
704		Plx4	25	21	46	15,476	17,414	16,361	15.0	15.0	15.0
709	Coagulation Disorders		229	184	413	4,019	3,363	3,727	4.2	3.5	3.9
709		Plx1	193	159	352	3,441	3,007	3,245	3.7	3.2	3.4
709		Plx2	19	11	30	6,785	6,107	6,536	6.6	6.5	6.6
709		Plx3	17	13	30	12,141	10,937	11,619	13.8	11.3	12.7
709		Plx4	7	8	15	10,861	18,214	14,783	12.0	12.8	12.4
710	Reticuloendothelial And Immunity Disorders		318	403	721	6,305	6,240	6,269	5.1	5.0	5.1
710		Plx1	256	334	590	5,484	5,380	5,425	4.7	4.5	4.6
710		Plx2	37	40	77	9,042	9,335	9,194	6.2	7.3	6.8
710		Plx3	17	21	38	12,218	11,247	11,682	9.5	8.0	8.7
710		Plx4	17	9	26	24,758	20,845	23,403	17.2	13.4	15.9
725	Major Leukemia And Lymphoma Procedures		122	123	245	12,108	8,781	10,438	7.0	6.1	6.5
725		Plx1	91	91	182	8,767	6,145	7,456	4.4	3.8	4.1
725		Plx2	15	13	28	15,840	8,386	12,379	13.4	6.9	10.4
725		Plx3	4	8	12	23,535	17,136	19,269	14.8	14.9	14.8
725		Plx4	13	20	33	65,659	48,729	55,399	31.7	36.0	34.3

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
			2004/2005	2003/2004	Blended		2004/2005	2003/2004	Blended		2004/2005	2003/2004	Blended	
726	Acute Leukemia Without Major Procedures		169	231	400		23,789	25,874	24,993		17.4	18.7	18.2	
726		P1x1	80	87	167		10,700	12,205	11,484		9.5	8.5	9.0	
726		P1x2	5	14	19		20,898	21,173	21,101		20.0	17.4	18.1	
726		P1x3	23	37	60		22,155	22,789	22,546		16.5	17.8	17.3	
726		P1x4	57	89	146		40,623	39,996	40,241		26.4	28.2	27.5	
728	Lymphoma And Chronic Leukemia With Other Procedures		173	181	354		14,073	14,564	14,324		11.3	12.3	11.8	
728		P1x1	111	104	215		7,849	8,293	8,064		6.5	6.6	6.6	
728		P1x2	21	15	36		13,576	20,137	16,310		12.1	19.3	15.1	
728		P1x3	11	19	30		24,843	14,452	18,262		22.4	11.8	15.7	
728		P1x4	29	40	69		40,874	31,327	35,340		27.3	25.6	26.3	
730	Lymphoma And Chronic Leukemia		367	408	775		9,982	10,722	10,371		10.4	10.8	10.6	
730		P1x1	203	204	407		6,687	6,279	6,482		7.3	6.9	7.1	
730		P1x2	69	88	157		9,077	10,692	9,982		9.4	12.3	11.0	
730		P1x3	48	48	96		11,573	11,493	11,533		14.2	11.8	13.0	
730		P1x4	46	66	112		27,190	27,276	27,241		23.6	21.1	22.1	
733	Major Ill-Defined Neoplasm Procedures		60	51	111		16,070	13,017	14,667		10.6	9.9	10.3	
733		P1x1	40	23	63		9,646	9,472	9,582		6.0	6.4	6.1	
733		P1x2	7	15	22		21,273	13,740	16,137		16.4	12.9	14.0	
733		P1x3	3	8	11		30,444	24,094	25,826		26.0	18.6	20.6	
733		P1x4	10	8	18		44,659	29,752	38,034		24.8	26.0	25.3	
734	Ill-Defined Neoplasm With Other Procedures		40	51	91		9,631	7,580	8,482		7.5	6.1	6.7	
734		P1x1	26	37	63		5,641	6,396	6,085		3.1	4.2	3.8	
734		P1x2	2	5	7		13,492	8,137	9,667		12.0	6.2	7.9	
734		P1x3	6	6	12		23,203	14,607	18,905		19.0	18.7	18.8	
734		P1x4	12	3	15		49,048	9,160	41,071		36.3	10.3	31.1	
735	PWS - Radiation Therapy		153	171	324		4,192	4,870	4,550		4.4	5.2	4.9	
735		P1x1	137	155	292		3,409	4,078	3,764		3.2	4.2	3.7	
735		P1x2	9	7	16		11,510	9,273	10,531		14.8	12.3	13.7	
735		P1x3	6	8	14		20,873	27,297	24,544		27.7	30.1	29.1	
735		P1x4	3	5	8		19,713	24,992	23,012		21.3	26.8	24.8	

Schedule 2 – Inpatient Yearly Comparisons

CMG Code Description	Pix Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
		2004/2005	2003/2004	Blended		2004/2005	2003/2004	Blended		2004/2005	2003/2004	Blended	
736 Chemotherapy		742	733	1,475		4,867	5,068	4,967		3.3	3.4	3.3	
736	Pix1	688	697	1,385		4,612	4,934	4,774		3.2	3.3	3.2	
736	Pix2	10	16	26		7,426	10,352	9,227		5.4	7.6	6.7	
736	Pix3	38	19	57		10,682	12,499	11,288		7.9	10.7	8.8	
736	Pix4	34	45	79		20,067	21,240	20,735		17.4	19.9	18.8	
737 Other Poorly Differentiated Neoplastic Diagnoses		84	99	183		9,031	9,952	9,529		11.6	11.5	11.5	
737	Pix1	43	44	87		6,086	7,111	6,605		7.8	8.1	8.0	
737	Pix2	21	27	48		8,620	11,397	10,182		11.9	13.6	12.8	
737	Pix3	6	14	20		9,539	14,730	13,173		9.3	16.0	14.0	
737	Pix4	11	16	27		17,835	16,504	17,046		21.0	19.9	20.3	
750 Multisystemic Or Unspecified Site Infections With Surgery		351	354	705		26,106	24,442	25,271		16.0	16.0	16.0	
750	Pix1	178	166	344		9,130	8,409	8,782		8.2	7.6	7.9	
750	Pix2	37	36	73		16,240	17,711	16,966		13.5	15.3	14.4	
750	Pix3	25	30	55		22,157	19,261	20,577		18.7	17.4	18.0	
750	Pix4	122	141	263		73,240	68,033	70,448		38.3	35.6	36.8	
751 Septicemia		472	524	996		9,816	10,381	10,113		7.7	8.0	7.8	
751	Pix1	202	211	413		5,386	5,320	5,352		5.8	6.0	5.9	
751	Pix2	67	72	139		9,134	7,728	8,406		8.8	7.7	8.2	
751	Pix3	87	74	161		9,942	10,824	10,347		8.5	8.9	8.7	
751	Pix4	128	174	302		19,698	18,949	19,266		12.2	11.7	11.9	
756 Post-Operative And Post-Traumatic Infections		355	325	680		3,976	3,981	3,978		4.9	5.0	5.0	
756	Pix1	303	292	595		3,855	3,907	3,881		4.8	5.0	4.9	
756	Pix2	24	20	44		7,626	5,820	6,805		8.1	7.4	7.8	
756	Pix3	26	15	41		4,390	6,263	5,075		5.5	7.4	6.2	
756	Pix4	9	12	21		15,670	20,972	18,700		12.3	16.6	14.8	
757 Viral Illness		191	215	406		3,218	3,273	3,247		3.4	3.3	3.3	
757	Pix1	163	175	338		2,875	2,592	2,728		3.0	2.8	2.9	
757	Pix2	10	21	31		3,590	4,378	4,124		3.9	4.0	3.9	
757	Pix3	15	6	21		9,031	4,918	7,855		8.4	5.0	7.4	
757	Pix4	4	13	17		18,024	25,285	23,576		16.8	17.8	17.6	

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pbx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
761	Fever Of Unknown Origin		234	199	433	3,201	2,918	3,071	3.3	3.0	3.2
761		Pbx1	189	184	373	3,073	2,973	3,024	3.3	3.3	3.3
761		Pbx2	48	26	74	4,945	5,998	5,315	5.3	5.5	5.4
761		Pbx3	11	11	22	4,961	6,545	5,753	3.6	8.0	5.8
761		Pbx4	6	2	8	16,783	9,560	14,977	17.0	12.5	15.9
763	Other Infectious Diagnoses		122	116	238	6,844	7,217	7,026	6.1	6.7	6.4
763		Pbx1	87	75	162	5,529	4,994	5,281	5.0	5.6	5.3
763		Pbx2	13	15	28	7,947	8,709	8,355	9.0	7.4	8.1
763		Pbx3	15	14	29	12,600	6,205	9,513	11.8	6.9	9.4
763		Pbx4	17	14	31	31,030	22,520	27,187	22.7	15.9	19.6
764	Depressive Mood Disorders With ECT		265	271	536	19,906	18,981	19,439	38.2	37.8	38.0
764		Pbx9	265	271	536	19,906	18,981	19,439	38.2	37.8	38.0
765	Depressive Mood Disorders Without ECT With Axis III Diagnosis		215	286	501	15,900	14,494	15,098	26.9	26.0	26.4
765		Pbx9	215	286	501	15,900	14,494	15,098	26.9	26.0	26.4
766	Depressive Mood Disorders Without ECT Without Axis III Diagnosis		937	975	1,912	10,305	9,838	10,067	20.5	19.9	20.2
766		Pbx9	937	975	1,912	10,305	9,838	10,067	20.5	19.9	20.2
767	Depressive Mood Disorders LOS < 6 Days		277	305	582	2,346	2,461	2,406	2.9	3.0	3.0
767		Pbx9	277	305	582	2,346	2,461	2,406	2.9	3.0	3.0
768	Bipolar Mood Disorders, Manic With ECT		21	20	41	28,295	19,754	24,129	45.9	37.1	41.6
768		Pbx9	21	20	41	28,295	19,754	24,129	45.9	37.1	41.6
769	Bipolar Mood Disorders, Manic Without ECT With Axis III Diagnosis		97	81	178	17,520	16,370	16,997	28.8	26.1	27.5
769		Pbx9	97	81	178	17,520	16,370	16,997	28.8	26.1	27.5
770	Bipolar Mood Disorders, Manic Without ECT Without Axis III Diagnosis		505	532	1,037	11,867	11,815	11,840	21.5	21.0	21.2
770		Pbx9	505	532	1,037	11,867	11,815	11,840	21.5	21.0	21.2
771	Bipolar Mood Disorders LOS < 6 Days		78	78	156	2,232	2,571	2,402	3.0	3.2	3.1
771		Pbx9	78	78	156	2,232	2,571	2,402	3.0	3.2	3.1
772	Dementia With Or Without Delirium With Axis III Diagnosis		350	341	691	23,836	23,692	23,765	38.1	38.8	38.5
772		Pbx9	350	341	691	23,836	23,692	23,765	38.1	38.8	38.5

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
773	Dementia With Or Without Delirium Without Axis III Diagnosis		276	243	519	20,037	19,061	19,580	34.0	32.4	33.2
773		Pix9	276	243	519	20,037	19,061	19,580	34.0	32.4	33.2
774	Organic Mental Disorders Induced By Drugs		373	317	690	5,352	6,199	5,741	8.0	9.1	8.5
774		Pix9	373	317	690	5,352	6,199	5,741	8.0	9.1	8.5
775	Schizophrenia And Other Psychotic Disorders With ECT		38	42	80	26,554	26,291	26,416	41.8	44.0	42.9
775		Pix9	38	42	80	26,554	26,291	26,416	41.8	44.0	42.9
776	Schizophrenia And Other Psychotic Disorders W/O ECT With Axis III		252	197	449	17,830	18,143	17,967	29.7	30.8	30.2
776	Diagnosis		252	197	449	17,830	18,143	17,967	29.7	30.8	30.2
776		Pix9	252	197	449	17,830	18,143	17,967	29.7	30.8	30.2
777	Schizophrenia And Other Psychotic Disorders W/O ECT Or Axis III		1,305	1,256	2,561	13,547	13,871	13,706	24.9	25.4	25.1
777	Diagnosis		1,305	1,256	2,561	13,547	13,871	13,706	24.9	25.4	25.1
777		Pix9	1,305	1,256	2,561	13,547	13,871	13,706	24.9	25.4	25.1
778	Schizophrenia And Other Psychotic Disorders LOS < 6 Days		249	248	497	2,390	2,343	2,366	3.0	2.9	3.0
778		Pix9	249	248	497	2,390	2,343	2,366	3.0	2.9	3.0
779	Dissociative Disorders		56	52	108	4,076	4,892	4,469	5.8	6.5	6.1
779		Pix9	56	52	108	4,076	4,892	4,469	5.8	6.5	6.1
780	Alcohol Induced Organic Mental Disorders With Axis III Diagnosis		160	141	301	7,754	6,813	7,313	8.9	7.8	8.4
780		Pix9	160	141	301	7,754	6,813	7,313	8.9	7.8	8.4
781	Alcohol Induced Organic Mental Disorders Without Axis III Diagnosis		202	166	368	3,632	3,403	3,529	5.3	4.8	5.1
781		Pix9	202	166	368	3,632	3,403	3,529	5.3	4.8	5.1
783	Psychoactive Substance Dependence		491	398	889	5,312	6,089	5,660	7.9	9.2	8.5
783		Pix9	491	398	889	5,312	6,089	5,660	7.9	9.2	8.5
784	Psychoactive Substance Abuse		423	337	760	3,482	3,323	3,411	4.6	4.6	4.6
784		Pix9	423	337	760	3,482	3,323	3,411	4.6	4.6	4.6
785	Developmental Delay		69	54	123	14,180	17,321	15,559	19.6	23.5	21.3
785		Pix9	69	54	123	14,180	17,321	15,559	19.6	23.5	21.3
786	Disruptive Behaviour Disorders		240	195	435	13,233	15,013	14,031	18.4	19.0	18.7
786		Pix9	240	195	435	13,233	15,013	14,031	18.4	19.0	18.7
787	Eating Disorders		132	104	236	17,053	15,712	16,462	22.4	23.8	23.1
787		Pix9	132	104	236	17,053	15,712	16,462	22.4	23.8	23.1

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
Organic Mental Disorders Associated W Physical Disorders W Axis III											
788	Diagnosis		172	167	339	15,360	13,010	14,203	21.5	19.5	20.5
788		Ptx9	172	167	339	15,360	13,010	14,203	21.5	19.5	20.5
Organic Mental Disorders Associated W Physical Disorders W/ O Axis											
789	III Diagnosis		152	116	268	10,208	11,415	10,730	16.2	18.0	17.0
789		Ptx9	152	116	268	10,208	11,415	10,730	16.2	18.0	17.0
790	Somatoform Disorders		30	26	56	4,294	3,483	3,918	7.6	5.2	6.5
790		Ptx9	30	26	56	4,294	3,483	3,918	7.6	5.2	6.5
791	Anxiety Disorders (MNRH)		186	167	353	6,288	7,232	6,735	10.9	11.9	11.4
791		Ptx9	186	167	353	6,288	7,232	6,735	10.9	11.9	11.4
792	Adjustment Disorders (MNRH)		1,347	1,382	2,729	3,057	2,914	2,985	4.0	3.8	3.9
792		Ptx9	1,347	1,382	2,729	3,057	2,914	2,985	4.0	3.8	3.9
793	Personality Disorders With Axis III Diagnosis (MNRH)		47	47	94	7,433	6,854	7,144	10.8	9.3	10.0
793		Ptx9	47	47	94	7,433	6,854	7,144	10.8	9.3	10.0
794	Personality Disorders Without Axis III Diagnosis (MNRH)		373	340	713	3,000	2,909	2,957	3.9	3.9	3.9
794		Ptx9	373	340	713	3,000	2,909	2,957	3.9	3.9	3.9
795	Sexual Dysfunction And Sexual Disorders (MNRH)		10	15	25	11,517	12,595	12,164	12.5	13.1	12.9
795		Ptx9	10	15	25	11,517	12,595	12,164	12.5	13.1	12.9
796	Specific Developmental Disorders (MNRH)		9	11	20	15,802	11,019	13,171	22.9	14.1	18.1
796		Ptx9	9	11	20	15,802	11,019	13,171	22.9	14.1	18.1
797	Miscellaneous Psychiatric Diagnoses (MNRH)		38	41	79	9,129	8,289	8,693	11.9	10.9	11.4
797		Ptx9	38	41	79	9,129	8,289	8,693	11.9	10.9	11.4
Extensive Procedures For Injury Or Complication Of Treatment											
803		Ptx1	256	306	562	17,614	18,159	17,911	11.0	12.0	11.5
803		Ptx2	150	181	331	10,384	10,938	10,687	6.2	7.6	7.0
803		Ptx3	31	30	61	16,675	17,440	17,051	10.4	10.0	10.2
803		Ptx4	31	31	62	20,735	23,639	22,187	15.8	17.0	16.4
803		Ptx5	52	83	135	79,878	70,753	74,268	45.8	38.6	41.4
Non-Extensive Procedures For Injury Or Complication Of Treatment											
804		Ptx1	690	638	1,328	5,761	5,945	5,849	4.0	4.2	4.1
804		Ptx2	593	530	1,123	4,436	4,424	4,430	3.0	3.0	3.0

Schedule 2 – Inpatient Yearly Comparisons

CMG Code Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
804	Ptx2	56	60	116	12,383	11,703	12,031	10.1	10.6	10.4
804	Ptx3	27	31	58	18,024	14,684	16,239	15.3	12.5	13.8
804	Ptx4	37	45	82	49,514	46,214	47,703	30.0	29.4	29.7
805	MNRH Procedures For Injury Or Complication Of Treatment									
805	Ptx1	124	137	261	4,253	4,561	4,415	3.6	3.5	3.6
805	Ptx2	109	124	233	3,595	4,008	3,815	2.9	2.9	2.9
805	Ptx3	6	5	11	12,020	10,051	11,125	10.8	10.0	10.5
805	Ptx4	7	3	10	10,077	14,179	11,308	10.7	14.7	11.9
811	Allergic Reaction									
811	Ptx1	49	49	98	2,033	2,226	2,129	1.9	1.7	1.8
811	Ptx2	45	45	90	2,037	1,917	1,977	1.9	1.6	1.7
811	Ptx3	2	1	3	2,204	1,243	1,884	1.5	2.0	1.7
811	Ptx4	3	3	6	3,488	7,177	5,332	3.3	3.3	3.3
813	Ptx4	1	1	5	6,196	7,402		8.0	8.0	8.0
813	Drug Reactions									
813	Ptx1	638	561	1,299	3,111	3,085	3,098	2.6	2.5	2.5
813	Ptx2	513	528	1,041	2,680	2,516	2,597	2.4	2.3	2.3
813	Ptx3	65	45	110	4,683	5,475	5,007	4.9	5.2	5.0
813	Ptx4	59	72	131	5,995	5,527	5,738	4.4	4.1	4.2
818	Complications Of Treatment									
818	Ptx1	1,029	1,084	2,113	3,677	3,750	3,714	3.7	3.9	3.8
818	Ptx2	870	909	1,779	2,925	3,020	2,973	3.1	3.3	3.2
818	Ptx3	85	95	180	7,105	7,216	7,164	6.8	7.0	6.9
818	Ptx4	55	59	114	8,742	10,602	9,704	8.6	9.8	9.2
823	Minor Injuries And Trauma Diagnosis									
823	Ptx1	36	41	77	22,427	18,974	20,589	18.4	15.3	16.8
823	Ptx2	137	113	250	3,498	3,719	3,598	2.8	2.5	2.7
823	Ptx3	117	93	210	2,803	2,427	2,637	2.3	1.9	2.2
823	Ptx4	5	8	13	4,817	6,955	6,132	5.8	6.5	6.2
830	PWS - Extensive Burns With Skin Graft Wound Debridement Or Other Burn Procedures									
830	Ptx1	10	9	19	7,929	7,308	7,635	8.1	7.3	7.7
830	Ptx2	7	8	15	21,955	26,211	24,225	10.6	11.3	10.9
830	Ptx3	31	20	51	77,127	67,085	73,189	32.5	30.6	31.7

Schedule 2 – Inpatient Yearly Comparisons

CMG Code Description	Pb Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
830	Pix1	17	13	30	43,642	36,569	40,577	21.6	20.5	21.2
830	Pix2			3			39,194			
830	Pix3									
830	Pix4	15	8	23	128,636	280,393	181,421	56.5	89.8	68.0
831 Extensive Burns Without Burn Procedures										
831	Pix1	9	6	15	14,793	14,373	14,625	10.7	7.2	9.3
831	Pix2	6	5	11	14,260	12,111	13,283	11.2	7.8	9.6
831	Pix3	2		2	16,837		16,837	13.0		13.0
831	Pix4									
832 PWS - Non-Extensive Burns With Skin Graft										
832	Pix1	97	114	211	18,077	16,915	17,449	11.7	11.6	11.7
832	Pix2	88	102	190	16,501	13,742	15,020	10.6	10.4	10.5
832	Pix3	5	6	11	35,256	26,577	30,522	20.4	17.8	19.0
832	Pix4	4	5	9	31,279	49,486	41,394	23.3	25.4	24.4
832	Pix4	4	3	7	141,886	165,263	151,905	62.8	62.3	62.6
Non-Extensive Burns With Wound Debridement Or Other Burn										
833 Procedures										
833	Pix1	2	2	5	7,315	2,716	6,075	5.5	2.0	3.8
833	Pix2	1	2	4	4,233	2,716	4,995	2.0	2.0	2.0
833	Pix3	1		1	10,396		10,396	9.0		9.0
833	Pix4									
834 Non-Extensive Burns Without Burn Procedures										
834	Pix1	88	93	181	5,828	5,179	5,494	4.7	4.0	4.4
834	Pix2	82	89	171	5,107	4,976	5,039	4.2	4.0	4.1
834	Pix3	2	1	5	10,507	14,294	13,554	7.5	9.0	8.0
834	Pix4	2	4	6	25,159	10,158	15,158	28.5	9.5	15.8
840 Other Admissions With Surgery										
840	Pix1	462	382	844	33,729	31,258	32,610	34.3	32.8	33.6
840	Pix2	254	214	468	7,610	8,027	7,801	5.8	7.3	6.5
840	Pix3	47	47	94	33,045	35,138	34,091	36.6	46.1	41.3
840	Pix4	43	31	74	62,603	52,068	58,189	70.8	56.1	64.7
840	Pix4	96	71	167	95,731	92,540	94,375	88.5	83.0	86.1

Schedule 2 – Inpatient Yearly Comparisons

CMG Code Description	Ptx Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
		2004/2005	2003/2004	Blended		2004/2005	2003/2004	Blended		2004/2005	2003/2004	Blended	
841 Rehabilitation		1,627	1,753	3,380		26,561	25,453	25,987		40.9	40.6	40.7	
841	Ptx1	952	1,044	1,996		22,885	21,934	22,388		37.0	35.9	36.4	
841	Ptx2	356	359	715		30,845	29,014	29,926		44.6	44.7	44.7	
841	Ptx3	174	206	380		29,022	31,335	30,276		45.8	50.8	48.5	
841	Ptx4	155	163	318		42,158	43,373	42,780		58.0	62.3	60.2	
842 Signs And Symptoms		459	333	792		7,895	7,142	7,578		11.8	11.2	11.6	
842	Ptx1	303	232	535		5,639	5,260	5,475		8.5	8.1	8.3	
842	Ptx2	83	51	134		10,940	9,986	10,577		16.2	17.1	16.5	
842	Ptx3	37	32	69		12,700	13,435	13,041		19.9	20.1	20.0	
842	Ptx4	34	14	48		22,319	20,476	21,782		29.5	26.7	28.7	
846 Aftercare Following Surgery Or Treatment		2,604	1,777	4,381		1,403	1,410	1,406		1.2	1.3	1.3	
846	Ptx1	2,553	1,755	4,308		1,380	1,396	1,386		1.2	1.3	1.2	
846	Ptx2	53	25	78		3,499	6,421	4,435		3.3	5.5	4.0	
846	Ptx3	3	9	12		7,364	6,475	6,697		6.3	6.7	6.6	
846	Ptx4	2	2	5		14,431	14,525	12,755		7.5	13.0	10.3	
847 Other Specified Aftercare		612	516	1,128		11,822	12,401	12,087		14.8	15.8	15.2	
847	Ptx1	538	449	987		11,416	11,706	11,548		14.2	15.0	14.6	
847	Ptx2	46	29	75		10,130	17,545	12,997		13.5	22.1	16.9	
847	Ptx3	14	18	32		12,212	15,861	14,265		15.1	18.4	17.0	
847	Ptx4	10	19	29		25,743	17,842	20,567		27.3	20.2	22.7	
849 Multiple Or Unspecified Congenital Anomalies		3	7	10		2,320	14,543	10,876		2.0	8.4	6.5	
849	Ptx1	3	3	6		2,320	5,315	3,818		2.0	2.0	2.0	
849	Ptx2		2	2		25,489	25,489			12.0	12.0		
849	Ptx3		1	2		1,225	6,700			1.0	1.0		
849	Ptx4												
850 Perinatal Conditions Age > 28 Days		87	67	154		21,331	20,923	21,153		20.9	21.0	20.9	
850	Ptx1	53	29	82		21,091	16,117	19,332		21.6	19.0	20.7	
850	Ptx2	6	9	15		23,356	22,625	22,918		22.8	22.2	22.5	
850	Ptx3	22	21	43		14,941	18,558	16,708		15.3	19.5	17.3	
850	Ptx4	10	8	18		77,802	42,640	62,174		52.3	31.0	42.8	

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
			2004/2005	2003/2004	Blended		2004/2005	2003/2004	Blended		2004/2005	2003/2004	Blended	
851	Other Factors Causing Hospitalization		225	251	476		3,459	3,507	3,485		4.1	3.6	3.9	
851		Pix1	211	232	443		3,101	3,287	3,198		3.6	3.2	3.4	
851		Pix2	9	13	22		5,792	4,883	5,255		7.7	7.3	7.5	
851		Pix3	3	4	7		13,292	6,157	9,215		20.3	7.0	12.7	
851		Pix4	1	1	5		8,974	6,001	10,206		7.0	3.0	5.0	
852	Procedures Cancelled (MNRH)		518	516	1,034		476	457	466		1.0	1.0	1.0	
852		Pix1	511	504	1,015		471	448	460		1.0	1.0	1.0	
852		Pix2	5	9	14		765	746	753		1.0	1.0	1.0	
852		Pix3	2	3	5		1,101	1,028	1,057		1.0	1.0	1.0	
852		Pix4												
860	Respiratory Tract Disorders With HIV		45	41	86		10,456	10,250	10,358		8.5	10.0	9.2	
860		Pix9	45	41	86		10,456	10,250	10,358		8.5	10.0	9.2	
861	CNS Infection With HIV		7	2	9		14,344	8,873	13,128		15.4	10.5	14.3	
861		Pix9	7	2	9		14,344	8,873	13,128		15.4	10.5	14.3	
862	GI And Hepatobiliary Disorders With HIV		6	11	17		9,305	5,528	6,861		12.3	7.5	9.2	
862		Pix9	6	11	17		9,305	5,528	6,861		12.3	7.5	9.2	
863	Ophthalmic Disorders With HIV		2	6	8		12,920	15,365	14,754		19.5	13.5	15.0	
863		Pix9	2	6	8		12,920	15,365	14,754		19.5	13.5	15.0	
864	Blood Infections With HIV		2	5	7		4,272	15,380	12,206		7.0	24.8	19.7	
864		Pix9	2	5	7		4,272	15,380	12,206		7.0	24.8	19.7	
865	Lymphoma With HIV		1		3		3,428		29,760		4.0		4.0	
865		Pix9	1		3		3,428		29,760		4.0		4.0	
866	Psychosocial Conditions With HIV		2	4	6		73,923	17,927	36,592		90.0	24.0	46.0	
866		Pix9	2	4	6		73,923	17,927	36,592		90.0	24.0	46.0	
867	Other Conditions Associated With HIV		1	1	5		13,813	16,766	14,379		11.0	23.0	17.0	
867		Pix9	1	1	5		13,813	16,766	14,379		11.0	23.0	17.0	
868	Miscellaneous Conditions With HIV		23	25	48		10,776	12,252	11,545		11.9	11.2	11.5	
868		Pix9	23	25	48		10,776	12,252	11,545		11.9	11.2	11.5	
880	Amputation Of Lower Limb Except Toe With Major Vascular Surgery		38	44	82		33,189	30,756	31,884		28.7	24.3	26.3	
880		Pix1	19	12	31		21,007	13,457	18,084		18.4	11.4	15.7	

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
880		Pix2	2	9	11	17,316	20,760	20,133	15.5	17.3	17.0
880		Pix3	5	7	12	24,825	28,916	27,212	16.8	22.4	20.1
880		Pix4	12	17	29	62,786	54,257	57,787	58.5	43.1	49.4
881	Amputation Of Lower Limb Except Toe		201	231	432	21,283	18,207	19,638	21.9	18.9	20.3
881		Pix1	89	101	190	11,601	9,882	10,687	11.9	11.0	11.4
881		Pix2	36	49	85	21,688	16,576	18,741	19.7	16.8	18.0
881		Pix3	32	31	63	22,212	22,008	22,111	25.1	25.9	25.5
881		Pix4	44	56	100	48,995	45,076	46,800	51.5	45.7	48.3
Wound Debridement Or Other Amputation With Major Vascular											
882	Surgery		11	8	19	27,372	24,934	26,346	24.3	22.5	23.5
882		Pix1	3	3	6	17,866	12,690	15,278	20.0	9.7	14.8
882		Pix2	3	1	5	21,461	24,206	20,121	18.3	32.0	21.8
882		Pix3	1	3	5	18,271	29,774	24,403	12.0	29.0	24.8
882		Pix4	4	2	6	41,211	60,608	47,676	35.0	59.5	43.2
883	Wound Debridement And Grafting Other Than Hand		20	26	46	20,424	17,599	18,827	20.0	18.0	18.8
883		Pix1	13	16	29	13,050	13,136	13,098	12.9	14.0	13.5
883		Pix2	4	2	6	19,439	6,353	15,077	23.8	5.5	17.7
883		Pix3		4	5		16,373	16,709		19.3	19.3
883		Pix4	5	4	9	72,024	86,963	78,664	65.2	46.5	56.9
884	Other Amputations Including Toe		44	43	87	14,181	11,064	12,640	15.5	11.4	13.5
884		Pix1	26	23	49	7,759	6,256	7,054	8.8	6.7	7.8
884		Pix2	7	9	16	19,849	8,914	13,698	17.9	10.3	13.6
884		Pix3	6	8	14	15,431	21,640	18,979	20.3	28.0	24.7
884		Pix4	4	5	9	39,925	32,327	35,704	41.8	29.8	35.1
885	PWS - Aortic Replacement		183	196	379	19,683	18,611	19,128	8.7	8.8	8.7
885		Pix1	115	116	231	15,985	14,746	15,363	6.8	6.9	6.8
885		Pix2	19	31	50	22,320	19,804	20,760	11.1	10.6	10.8
885		Pix3	26	22	48	24,623	22,666	23,726	12.8	12.1	12.5
885		Pix4	31	36	67	41,020	39,195	40,039	17.3	17.7	17.5
887	Vascular Bypass Surgery		258	300	558	14,461	15,262	14,892	8.4	9.1	8.8

Schedule 2 – Inpatient Yearly Comparisons

CMJ Code Description	Pr Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
		2004/2005	2003/2004	Blended		2004/2005	2003/2004	Blended		2004/2005	2003/2004	Blended	
887	Pix1	181	190	371		12,047	11,803	11,922		6.9	7.2	7.1	
887	Pix2	28	43	71		16,702	14,694	15,486		11.3	10.5	10.8	
887	Pix3	30	39	69		17,665	19,529	18,719		11.1	12.2	11.7	
887	Pix4	26	34	60		40,440	40,507	40,478		21.3	20.3	20.7	
890 Other Thoraco-Abdominal Procedures		40	43	83		13,811	19,791	16,909		10.1	11.1	10.6	
890	Pix1	18	22	40		8,507	10,528	9,619		5.2	7.1	6.3	
890	Pix2	6	4	10		13,832	10,493	12,496		11.8	5.8	9.4	
890	Pix3	7	7	14		17,079	13,595	15,337		16.1	11.0	13.6	
890	Pix4	9	13	22		27,869	60,789	47,322		15.0	30.6	24.2	
891 Vascular Repair		129	152	281		10,913	10,742	10,821		5.3	5.4	5.4	
891	Pix1	104	108	212		9,202	7,519	8,344		4.1	3.9	4.0	
891	Pix2	7	17	24		16,619	11,570	13,043		14.1	7.6	9.5	
891	Pix3	13	13	26		16,874	11,759	14,317		9.2	7.5	8.3	
891	Pix4	14	17	31		48,669	41,928	44,972		25.7	21.2	23.2	
892 Other Vascular Procedures		65	74	139		8,186	7,299	7,714		5.0	4.6	4.8	
892	Pix1	52	63	115		7,887	6,599	7,182		4.8	4.0	4.3	
892	Pix2	9	7	16		11,021	13,405	12,064		8.4	10.4	9.3	
892	Pix3	6	4	10		19,091	8,043	14,672		11.3	4.8	8.7	
892	Pix4	1	2	5		58,271	27,694	44,994		46.0	25.5	32.3	
893 Vein Ligation And Stripping (MNRH)		24	25	49		1,934	2,120	2,029		1.0	1.0	1.0	
893	Pix1	24	25	49		1,934	2,120	2,029		1.0	1.0	1.0	
893	Pix2			2				1,800					
893	Pix3												
893	Pix4												
895 Deep Vein Thrombophlebitis		242	253	495		4,856	5,108	4,984		6.7	6.9	6.8	
895	Pix1	162	168	330		4,219	4,239	4,239		5.8	5.9	5.9	
895	Pix2	47	56	103		5,689	5,162	5,402		7.7	7.1	7.3	
895	Pix3	31	22	53		6,810	12,688	9,250		10.0	16.3	12.6	
895	Pix4	4	10	14		37,270	12,503	19,579		37.0	15.6	21.7	
898 Peripheral Vascular Disease		158	194	352		5,427	5,453	5,441		5.4	5.5	5.5	

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code Description	Pix Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
		2004/2005	2003/2004	Blended		2004/2005	2003/2004	Blended		2004/2005	2003/2004	Blended	
898	Pix1	114	137	251		4,465	4,135	4,285		4.5	4.3	4.4	
898	Pix2	30	29	59		7,328	6,720	7,029		8.8	6.8	7.8	
898	Pix3	15	20	35		11,176	11,012	11,082		12.1	14.5	13.5	
898	Pix4	8	13	21		24,739	15,014	18,719		22.9	14.2	17.5	
900 Extensive Unrelated O.R. Procedures		286	294	580		31,275	29,790	30,522		20.8	20.2	20.5	
900	Pix1	106	111	217		16,954	15,118	16,015		8.9	7.1	8.0	
900	Pix2	30	35	65		22,757	23,050	22,915		18.2	22.9	20.8	
900	Pix3	34	44	78		32,948	25,911	28,978		26.6	24.5	25.4	
900	Pix4	119	110	229		51,665	54,784	53,163		34.5	36.5	35.5	
901 Non-Extensive Unrelated O.R. Procedures		748	817	1,565		17,115	15,859	16,459		13.0	12.4	12.6	
901	Pix1	412	451	863		7,546	7,616	7,583		5.9	6.2	6.1	
901	Pix2	72	96	168		16,044	13,463	14,569		16.0	13.4	14.5	
901	Pix3	94	99	193		21,464	19,976	20,701		19.6	20.1	19.9	
901	Pix4	172	194	366		45,869	45,185	45,506		29.3	32.2	30.8	
902 Post-Operative Complications With Unrelated O.R. Procedures		72	82	154		14,608	16,546	15,640		9.9	11.4	10.7	
902	Pix1	42	37	79		7,983	5,490	6,815		5.3	3.5	4.4	
902	Pix2	12	16	28		17,449	18,127	17,836		14.5	14.1	14.3	
902	Pix3	9	6	15		21,201	19,207	20,403		18.2	18.8	18.5	
902	Pix4	11	24	35		49,245	41,734	44,094		25.8	24.8	25.1	
906 Unrelated O.R. Procedures (MNRH)		133	157	290		12,632	10,255	11,345		11.5	9.7	10.5	
906	Pix1	87	109	196		7,849	6,074	6,862		7.1	5.2	6.1	
906	Pix2	13	21	34		13,646	17,852	16,244		17.1	21.7	19.9	
906	Pix3	14	13	27		26,886	15,264	21,290		26.6	19.3	23.1	
906	Pix4	19	16	35		28,798	31,562	30,061		22.4	28.3	25.1	
908 Other Major Procedures For Gynecological Malignancy		18	13	31		5,197	4,358	4,845		3.6	2.9	3.3	
908	Pix1	18	13	31		5,513	4,358	5,029		3.9	2.9	3.5	
908	Pix2	1	1	3		8,228	17,684	11,480		5.0	16.0	10.5	
908	Pix3												
908	Pix4												

Schedule 2 – Inpatient Yearly Comparisons

CMG Code Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
909 Obsolete Psychiatric Diagnoses (MNRH)		155	180	335	6,742	6,150	6,424	11.2	10.5	10.9
909	Pix9	155	180	335	6,742	6,150	6,424	11.2	10.5	10.9
910 Diagnosis Not Generally Hospitalized		78	84	162	2,518	2,566	2,543	1.7	1.5	1.6
910	Pix9	78	84	162	2,518	2,566	2,543	1.7	1.5	1.6
912 Obstetric Codes Invalid As Most Responsible Diagnosis		5	10	15	1,736	1,909	1,851	1.6	1.9	1.8
912	Pix9	5	10	15	1,736	1,909	1,851	1.6	1.9	1.8
996 Cadaveric Donor Organ and Tissue Retrieval										
996	Pix9									
997 Stillbirths										
997	Pix9									
998 Neonate With Catastrophic Diagnosis LOS < 6 Days		5	3	8	4,421	917	3,107	3.4	1.7	2.8
998	Pix9	5	3	8	4,421	917	3,107	3.4	1.7	2.8
999 Ungroupable Data		20	24	44	2,782	1,819	2,257	2.3	2.3	2.3
999	Pix9	20	24	44	2,782	1,819	2,257	2.3	2.3	2.3

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended		Average Cost of Variation	Coefficient	Standard Deviation	Trim Point
			SWRV	Activity	Costed Cases	Costed Cases				
001	PWS - Craniotomy Procedures		2.2455	1,168	1,043	2,095	15,379	0.72	11,121	25
001		Pk1	1.7580	889	826	1,655	12,704	0.58	7,386	21
001		Pk2	2.7451	98	92	193	19,874	0.63	12,590	32
001		Pk3	3.5794	63	59	124	25,834	0.69	17,904	51
001		Pk4	8.0496	118	115	228	57,674	0.59	34,313	86
003	PWS - Spinal Procedures		1.5637	154	123	272	10,673	0.80	8,501	21
003		Pk1	1.2624	122	104	224	9,112	0.74	6,764	17
003		Pk2	2.2942	16	15	28	16,186	0.58	9,334	42
003		Pk3	2.9436	4	4	18	22,060	0.68	15,091	49
003		Pk4	6.2827	12	12	19	43,562	0.65	28,229	76
004	PWS - Extracranial Vascular Procedures		1.0914	360	256	595	6,964	0.48	3,342	11
004		Pk1	0.9280	313	223	521	6,248	0.39	2,426	8
004		Pk2	2.1820	26	22	35	14,987	0.57	8,609	36
004		Pk3	2.0596	10	10	24	14,588	0.51	7,512	29
004		Pk4	4.3196	11	10	23	30,458	0.76	23,210	64
005	PWS - Ventricular Shunt Revision		0.8772	80	75	161	6,207	0.48	2,993	8
005		Pk1	0.8099	75	72	150	6,105	0.48	2,935	8
005		Pk2	1.4760	3	3	9	11,230	0.61	6,831	16
005		Pk3	0.8352	2	1	5	6,887	0.39	2,672	8
005		Pk4								21
006	Carpal Tunnel Release And Specified Nervous System Procedures		0.8471	116	85	167	5,898	0.67	3,960	10
006		Pk1	0.7507	106	82	157	5,676	0.67	3,795	7
006		Pk2	0.8949	2	1	5	6,462	0.39	2,490	22
006		Pk3	2.9091	3	3	5	19,673	0.39	7,631	54
006		Pk4	8.8996	5	5	8	64,909	1.17	75,998	113
007	Peripheral, Cranial Nerve And Other Neurological Procedures		3.1469	44	39	74	21,327	0.84	17,940	59
007		Pk1	1.5712	30	25	44	11,574	0.57	6,558	29
007		Pk2	2.6265	2	2	6	19,756	0.41	8,189	51
007		Pk3	4.1746	1	3	3	28,272	0.60	16,894	69
007		Pk4	6.3475	11	11	21	45,172	0.60	26,911	91

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2004/2005		Average Coefficient	Standard Deviation	Trim Point
					Costed Cases	Blended Costed Cases			
010	Neoplasm Of Nervous System		1.2543	442	249	502	8.308	0.88	7,325
010		P1x1	0.9254	321	178	344	6,489	0.82	5,327
010		P1x2	1.4050	68	37	92	9,590	0.77	7,425
010		P1x3	2.1978	36	23	45	15,774	0.77	12,105
010		P1x4	3.1924	17	7	19	22,975	0.90	20,710
011	Degenerative Nervous Disorders		1.9886	406	165	307	12,388	1.03	12,715
011		P1x1	1.3706	325	124	226	9,101	0.93	8,446
011		P1x2	2.9639	48	18	33	19,620	0.69	13,461
011		P1x3	2.8160	20	14	31	19,486	0.95	18,599
011		P1x4	5.4766	13	9	22	36,647	0.62	22,724
012	Multiple Sclerosis And Cerebellar Disorders		1.0570	264	116	217	6,732	0.90	6,043
012		P1x1	0.8230	231	99	187	5,629	0.79	4,422
012		P1x2	2.3875	19	9	19	16,177	0.83	13,354
012		P1x3	3.2443	10	8	13	21,103	0.70	14,728
012		P1x4	4.3128	4	1	5	28,533	0.76	21,633
013	Specific Cerebrovascular Disorders Except Transient Ischemic Attacks		1.3119	2,689	1,713	3,310	8,524	0.98	8,332
013		P1x1	0.8769	1,981	1,272	2,437	6,095	0.79	4,788
013		P1x2	2.1345	330	183	381	14,258	0.76	10,818
013		P1x3	2.3420	214	138	262	16,042	0.85	13,589
013		P1x4	3.8563	164	129	267	26,352	0.91	23,905
014	Transient Ischemic Attacks And Precerebral Occlusions		0.5976	1,196	571	1,112	3,953	0.83	3,298
014		P1x1	0.5086	1,078	521	1,010	3,551	0.75	2,669
014		P1x2	1.1867	79	32	67	7,972	0.82	6,553
014		P1x3	1.9576	26	16	39	13,833	0.65	9,011
014		P1x4	3.1179	13	10	20	21,940	0.58	12,753
015	Nonspecific Cerebrovascular Disorders		1.0332	127	77	156	6,899	1.08	7,232
015		P1x1	0.7102	97	56	118	4,954	0.91	4,518
015		P1x2	1.1525	16	11	16	8,104	0.77	6,248
015		P1x3	1.1217	8	6	11	7,900	0.74	5,866
015		P1x4	3.9416	6	4	12	26,087	0.59	15,334

Schedule 3 -- Inpatient Statistical Background

CMG Code Description	Complexity Level	SWRV	Activity	2004/2005		Average Cost of Variation	Coefficient of Variation	Standard Deviation	Trim Point
				Costed Cases	Blended Costed Cases				
017 Cranial And Peripheral Nerve Diseases		0.9693	366	179	336	6,257	0.93	5,846	30
017	P1x1	0.7499	291	145	270	5,193	0.78	4,038	23
017	P1x2	1.4567	34	14	28	9,980	0.84	8,420	52
017	P1x3	1.3412	29	16	26	9,693	0.71	6,919	47
017	P1x4	6.4716	12	8	18	44,403	0.93	41,261	154
018 Viral Meningitis		0.3704	153	90	189	2,245	0.61	1,361	8
018	P1x1	0.3335	148	87	184	2,202	0.60	1,324	8
018	P1x2	1.1083	2	2	5	7,583	0.88	6,659	15
018	P1x3	0.7075	2	1	5	4,805	0.59	2,813	27
018	P1x4	0.4809	1	1	1	3,078			5
019 Infection Except Viral Meningitis		1.1918	268	172	354	8,053	1.07	8,618	27
019	P1x1	0.7375	211	132	262	5,309	0.85	4,532	18
019	P1x2	1.4787	27	19	32	11,328	0.77	8,732	34
019	P1x3	2.1712	13	9	27	14,666	0.90	13,147	42
019	P1x4	4.0287	17	13	36	29,508	0.64	18,937	68
020 Hypertensive Encephalopathy		2.2038	16	8	14	13,826	0.98	13,546	37
020	P1x1	0.6217	9	4	8	4,170	0.76	3,179	17
020	P1x2	2.7047	4	2	3	19,256	0.53	10,154	40
020	P1x3								4
020	P1x4	5.5348	3	2	2	35,866	0.12	4,234	24
021 Non-Traumatic Stupor And Coma		0.8409	164	90	166	5,348	0.79	4,229	16
021	P1x1	0.6502	125	63	109	4,445	0.71	3,148	13
021	P1x2	0.8191	22	14	28	5,653	0.72	4,055	21
021	P1x3	1.1786	10	7	17	8,304	0.57	4,757	28
021	P1x4	1.6853	7	7	14	11,522	0.93	10,725	30
022 Seizure And Headache		0.5049	2,678	1,116	2,174	3,399	0.91	3,109	10
022	P1x1	0.4415	2,428	1,021	1,988	3,192	0.87	2,787	10
022	P1x2	1.0092	139	68	116	7,212	0.94	6,787	23
022	P1x3	1.1383	74	45	95	8,107	0.93	7,526	27
022	P1x4	3.3003	37	30	55	24,017	0.83	19,821	51

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SNRV	2004/2005				Average Coefficient Cost of Variation	Standard Deviation	Trim Point
				Activity	Costed Cases	Costed Cases	Blended Cases			
028	Other Nervous System Diagnoses		1.1781	735	425	831	7,391	1.15	8,492	32
028		P1x1	0.7027	567	305	594	4,816	0.85	4,083	26
028		P1x2	1.3311	80	47	87	8,841	0.85	7,481	42
028		P1x3	1.7980	35	25	51	11,834	0.74	8,813	53
028		P1x4	3.1435	53	42	86	21,137	0.78	16,390	51
040	Tracheostomy And Gastrostomy Procedures		12.2663	274	235	500	80,087	0.82	65,734	151
040		P1x1	4.5714	55	44	81	31,954	0.62	19,869	105
040		P1x2	4.6357	9	8	13	32,951	0.62	20,487	109
040		P1x3	5.8690	37	32	62	39,790	0.53	20,986	122
040		P1x4	14.6886	173	149	343	102,157	0.71	72,177	177
050	Orbital Procedures		0.3969	347	314	689	2,301	0.46	1,070	4
050		P1x1	0.3663	339	310	682	2,296	0.47	1,071	4
050		P1x2	1.0763	5	5	10	6,709	0.68	4,586	23
050		P1x3	1.0463	1	1	5	6,580	0.83	5,457	18
050		P1x4	3.0450	2	1	5	22,030	1.00	21,976	47
051	Other Intraocular Procedures		0.4160	113	92	206	2,447	0.54	1,311	4
051		P1x1	0.3866	108	89	202	2,445	0.53	1,308	4
051		P1x2	0.6748	5	5	7	4,307	0.59	2,562	12
051		P1x3								2
051		P1x4								
052	Retinal Procedures		0.3591	1,316	1,186	2,258	2,086	0.32	666	1
052		P1x1	0.3335	1,308	1,182	2,251	2,086	0.32	667	1
052		P1x2	0.4788	5	4	9	2,962	0.68	2,023	9
052		P1x3	0.4924	2	2	5	3,200	0.21	677	7
052		P1x4	2.5105	1	1	1	16,509			9
053	Iris And Lens Procedures		0.4487	19	15	21	2,672	0.50	1,330	4
053		P1x1	0.4138	19	15	21	2,672	0.50	1,330	4
053		P1x2								
053		P1x3	1.6120			1	9,574			7
053		P1x4								

Schedule 3 – Inpatient Statistical Background

CMG Code Description	Complexity Level	SWRV	Activity	2004/2005		Average Cost of Variation	Coefficient of Variation	Standard Deviation	Trim Point
				Costed Cases	Blended Costed Cases				
054 Extraocular Procedures		0.3589	32	26	55	2,161	0.40	865	4
054	Pk1	0.3239	31	23	47	2,116	0.42	894	2
054	Pk2	1.7422	1	1	1	11,152			5
054	Pk3	2.6994			2	17,463	0.17	2,936	20
054	Pk4	4.8599			1	28,863			13
055 Lens Insertion (MNRH)		0.5211	283	245	385	3,069	0.30	907	1
055	Pk1	0.4799	278	241	381	3,074	0.29	906	1
055	Pk2	0.4498	3	3	3	2,907	0.09	273	3
055	Pk3	0.4173	2	2	3	2,749	0.50	1,363	1
055	Pk4								
057 Other Ophthalmic Procedures (MNRH)		0.2698	60	48	99	1,649	0.41	676	1
057	Pk1	0.2454	59	47	98	1,635	0.41	666	1
057	Pk2	0.3678	1	1	3	2,713	0.10	260	2
057	Pk3	0.4539			2	2,898	0.41	1,187	4
057	Pk4								
060 Major Eye Infections		0.7836	101	62	114	4,970	0.72	3,581	14
060	Pk1	0.7016	92	57	106	4,734	0.71	3,348	13
060	Pk2	0.9691	4	3	5	7,145	0.81	5,763	23
060	Pk3	2.3997	5	4	5	16,850	0.71	11,808	124
060	Pk4								12
062 Hyphema		0.3344	14	4	8	2,285	0.62	1,406	7
062	Pk1	0.3057	13	4	8	2,285	0.62	1,406	7
062	Pk2		1						22
062	Pk3								
062	Pk4								
063 Other Ophthalmic Diagnoses (MNRH)		0.4717	186	100	218	3,113	0.81	2,522	10
063	Pk1	0.4181	170	94	203	2,960	0.81	2,409	10
063	Pk2	1.1796	13	7	16	7,878	0.86	6,767	33
063	Pk3	1.1537	1	1	5	8,022	0.78	6,223	19
063	Pk4	3.0481	2	1	4	20,857	0.90	18,777	35

Schedule 3 -- Inpatient Statistical Background

OMG Code	Description	Complexity Level	2004/2005				Blended			
			SWRV	Activity	Costed Cases	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
075	PWS - Radical Laryngectomy And Glossectomy		6.2204	79	74	151	41,428	0.39	16,062	49
075		Pix1	4.9765	47	47	94	35,426	0.28	9,977	34
075		Pix2	6.9267	8	7	15	49,539	0.31	15,598	54
075		Pix3	7.4425	6	6	16	51,959	0.43	22,494	72
075		Pix4	8.5495	18	18	32	61,335	0.46	27,929	79
076	PWS -Major Head And Neck Procedures		2.2703	189	176	339	14,943	1.12	16,713	34
076		Pix1	1.3472	160	146	267	9,427	1.10	10,407	20
076		Pix2	3.5851	7	7	18	24,873	0.58	14,527	42
076		Pix3	4.1253	7	7	16	28,870	0.75	21,509	29
076		Pix4	7.2268	15	15	36	54,022	0.54	29,017	68
077	Less Extensive Head And Neck Procedures		0.5111	264	188	399	3,195	0.63	1,998	4
077		Pix1	0.4666	246	185	392	3,143	0.63	1,970	4
077		Pix2	1.8215	5	5	7	13,074	1.16	15,176	30
077		Pix3	1.2211	4	2	5	8,683	0.51	4,471	18
077		Pix4	3.2877	9	7	8	23,684	0.55	13,038	66
078	Cleft Lip And Palate Repair		0.6620	165	112	217	4,688	0.35	1,622	2
078		Pix1	0.5993	163	110	215	4,611	0.31	1,407	2
078		Pix2	1.6369	2	2	5	12,577	0.33	4,167	10
078		Pix3								10
078		Pix4								
081	Salivary Gland Procedures		0.6249	202	147	290	3,895	0.40	1,569	4
081		Pix1	0.5794	201	146	289	3,892	0.40	1,571	4
081		Pix2	1.1222	1	1	2	7,885	0.57	4,457	6
081		Pix3								2
081		Pix4								
082	Minor Ear, Nose And Throat Procedures		0.3847	54	35	80	2,569	0.45	1,157	4
082		Pix1	0.3560	52	34	79	2,556	0.45	1,159	4
082		Pix2	0.8061	1	1	2	5,496	0.49	2,714	310
082		Pix3	3.6073	1	1	1	23,091			23
082		Pix4	3.7912			2	23,538	1.18	27,889	59

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2004/2005		Average Cost of Variation	Coefficient	Standard Deviation	Trim Point
					Costed Cases	Blended Costed Cases				
083	Reconstructive ENT Procedures		1.0425	412	391	791	6,290	0.48	2,995	5
083		Pk1	0.9629	405	387	783	6,267	0.48	2,978	5
083		Pk2	1.4062	3	3	6	9,321	0.47	4,392	8
083		Pk3	2.1207	4	4	5	14,313	0.62	8,833	11
083		Pk4	3.1491			2	22,174	0.36	8,024	8
084	Miscellaneous Ear, Nose And Throat Procedures		0.7221	130	94	190	4,899	0.83	3,902	10
084		Pk1	0.6466	122	90	182	4,527	0.79	3,570	10
084		Pk2	1.9175	1	1	6	13,072	1.09	14,286	35
084		Pk3	1.4817	3	3	5	11,305	0.84	9,547	47
084		Pk4	4.0316	4	4	5	29,029	0.81	23,487	48
085	Mastoid Procedures		1.4467	190	125	312	9,882	1.30	12,891	4
085		Pk1	0.9316	186	112	252	7,111	1.31	9,298	1
085		Pk2	2.2246	3	2	7	15,025	2.11	31,659	10
085		Pk3	4.7758	1	1	5	32,734	0.93	30,580	36
085		Pk4								28
086	Other Tonsillar Procedures		0.4509	52	31	55	3,144	0.72	2,266	7
086		Pk1	0.4117	52	31	52	3,133	0.72	2,262	7
086		Pk2	0.2295			1	1,575			4
086		Pk3	0.2660			1	1,826			1
086		Pk4	2.1942			3	15,060	0.60	9,091	18
087	Sinus Procedures		0.4104	106	43	83	2,487	0.34	842	1
087		Pk1	0.3845	102	42	81	2,493	0.34	848	1
087		Pk2	2.1968	2	1	2	15,364	0.12	1,832	11
087		Pk3	0.9846	2	2	5	6,992	0.86	6,038	13
087		Pk4	1.2405			2	8,701	0.08	722	8
088	Ethmoidectomy (MNRH)		0.3966	404	299	555	2,326	0.28	652	1
088		Pk1	0.3712	399	297	553	2,324	0.28	652	1
088		Pk2	0.5670	2	1	3	3,535	0.35	1,225	10
088		Pk3	0.8548	3	3	3	4,192	0.38	1,606	12
088		Pk4								50

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2004/2005		Average Cost of Variation	Coefficient	Standard Deviation	Trim Point
					Costed Cases	Blended Costed Cases				
089	Dental Extraction Or Restoration (MNRH)		0.3825	212	154	301	2,527	0.54	1,363	4
089		Plx1	0.3510	205	149	293	2,498	0.54	1,343	4
089		Plx2	0.5511	4	4	8	4,038	0.50	2,039	9
089		Plx3	0.5919	2	1	3	4,639	0.47	2,161	6
089		Plx4	2.3734	1	1	2	16,734	0.78	13,130	30
090	External And Middle Ear Procedures (MNRH)		0.3663	139	96	196	2,304	0.59	1,363	1
090		Plx1	0.3419	136	96	195	2,300	0.59	1,366	1
090		Plx2	1.0206	2	1	1	7,590			10
090		Plx3	0.6559	1	1	2	6,383	0.74	4,754	3
090		Plx4								
091	Nasal Procedures (MNRH)		0.3226	180	77	147	1,973	0.47	932	1
091		Plx1	0.3008	178	76	146	1,976	0.47	934	1
091		Plx2	1.6744	2	2	4	11,728	1.11	13,069	18
091		Plx3								
091		Plx4								9
092	Myringotomy (MNRH)		0.3534	36	21	45	2,394	0.80	1,911	4
092		Plx1	0.3072	32	19	41	2,252	0.80	1,812	4
092		Plx2	0.6992	1	1	4	4,884	0.43	2,102	16
092		Plx3	0.6390	3	3	5	5,025	0.68	3,439	10
092		Plx4								6
093	Tonsillectomy And Adenoidectomy Procedures (MNRH)		0.2803	1,458	297	631	1,995	0.41	810	1
093		Plx1	0.2567	1,446	295	623	1,985	0.40	796	1
093		Plx2	1.4502	10	7	13	10,938	0.86	9,437	21
093		Plx3	0.4833	2	1	4	3,777	0.34	1,267	4
093		Plx4	3.9985			3	30,889	0.73	22,495	13
100	ENT Malignancy		1.5308	92	50	97	10,195	1.20	12,244	51
100		Plx1	0.9410	63	32	62	6,646	0.98	6,490	35
100		Plx2	1.6328	15	9	17	11,845	0.80	9,534	64
100		Plx3	2.5286	9	6	12	17,897	0.85	15,236	80
100		Plx4	4.8026	5	2	5	33,571	1.10	36,868	117

Schedule 3 – Inpatient Statistical Background

CIMA Code	Description	Complexity Level	SWRV	Activity	2004/2005		Blended Costed Cases	Average Cost of Variation	Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Costed Cases					
101	Acute Suppurative Infections		0.4054	69	27	46	2,856	0.75	2,140	11	
101		Pix1	0.3737	66	27	46	2,856	0.75	2,140	11	
101		Pix2	0.3370	1		1	2,244			8	
101		Pix3		2						4	
101		Pix4								12	
102	Dysequilibrium		0.4329	960	234	489	2,634	0.73	1,933	13	
102		Pix1	0.3626	919	213	447	2,381	0.67	1,592	10	
102		Pix2	0.6267	31	10	21	4,143	0.67	2,788	25	
102		Pix3	0.8403	8	3	5	5,691	0.74	4,240	31	
102		Pix4	0.7850	2	2	2	5,507	0.72	3,966	11	
104	Influenza		0.5070	751	182	410	3,373	0.86	2,894	10	
104		Pix1	0.4516	703	165	369	3,271	0.86	2,811	10	
104		Pix2	0.6972	29	12	25	5,324	0.90	4,778	20	
104		Pix3	0.8103	15	8	19	5,536	0.99	5,454	21	
104		Pix4	5.3073	4	2	7	34,632	0.89	30,823	67	
107	Epiglottitis		0.7565	29	20	47	4,722	0.78	3,687	10	
107		Pix1	0.6108	27	19	40	4,133	0.75	3,121	7	
107		Pix2	0.7258	1	1	5	4,679	1.02	4,785	4	
107		Pix3	1.2644			2	8,322	0.92	7,619	4	
107		Pix4	2.4051	1		5	16,147	0.47	7,624	17	
108	Epistaxis		0.3957	297	90	185	2,493	0.70	1,744	10	
108		Pix1	0.3461	281	84	169	2,349	0.67	1,578	10	
108		Pix2	0.5012	9	3	10	3,420	0.50	1,713	13	
108		Pix3	1.1637	6	3	7	7,953	0.56	4,461	40	
108		Pix4	0.9790	1	1	5	6,489	0.70	4,536	19	
109	Other ENT Infections		0.4622	338	86	158	3,110	0.71	2,214	10	
109		Pix1	0.4016	319	76	143	2,904	0.64	1,872	10	
109		Pix2	0.6481	9	5	9	5,197	0.89	4,632	15	
109		Pix3	0.6345	6	5	6	4,885	0.55	2,682	24	
109		Pix4	2.2505	4	3	4	18,567	0.71	13,112	28	

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SHRV	Activity	2004/2005		Average Cost of Variation	Coefficient	Standard Deviation	Trim Point
					Costed Cases	Costed Cases				
113	Sinusitis (MNRH)		0.4114	130	38	70	2,766	0.66	1,817	8
113		Pk1	0.3530	123	36	62	2,567	0.68	1,736	8
113		Pk2	0.6495	7	2	7	4,731	0.48	2,275	17
113		Pk3	0.4516			1	4,241			4
113		Pk4	0.8998			2	5,714	0.28	1,599	47
114	Sore Throat (MNRH)		0.3576	883	193	320	2,328	0.89	2,080	7
114		Pk1	0.3164	861	184	308	2,256	0.90	2,033	7
114		Pk2	0.5271	17	8	9	3,614	0.70	2,531	12
114		Pk3	0.8868	3	1	5	5,899	0.60	3,563	11
114		Pk4	1.6021	2		1	10,669			18
115	Miscellaneous ENT Diagnoses (MNRH)		0.2604	1,374	100	197	1,760	0.86	1,519	1
115		Pk1	0.2377	1,319	91	181	1,723	0.89	1,541	1
115		Pk2	1.1535	26	22	45	8,189	0.82	6,753	26
115		Pk3	1.1437	22	18	24	7,717	1.05	8,139	24
115		Pk4	2.8276	7	5	14	19,508	0.95	18,534	40
116	Croup (MNRH)		0.2665	340	99	267	1,839	0.75	1,386	4
116		Pk1	0.2382	337	98	263	1,815	0.73	1,334	4
116		Pk2	0.3516	1	1	5	2,986	1.04	3,113	7
116		Pk3	0.9721			3	6,600	1.09	7,167	13
116		Pk4	3.5643	2	2	4	30,512	0.56	17,023	23
125	Tracheostomy		18.8397	166	133	283	116,444	0.72	83,603	173
125		Pk1	1.8212	12	11	21	12,593	0.82	10,380	28
125		Pk2	2.9150	2	1	3	19,860	0.71	14,048	26
125		Pk3	7.2555	4	4	8	48,324	0.65	31,564	57
125		Pk4	19.2685	148	117	253	127,609	0.64	81,081	179
126	PWS - Resection Of Lung		1.7623	422	394	809	11,558	0.47	5,407	17
126		Pk1	1.4845	308	298	591	10,265	0.35	3,548	16
126		Pk2	1.9573	59	55	139	13,656	0.46	6,257	24
126		Pk3	2.5137	40	39	68	17,518	0.47	8,290	35
126		Pk4	4.2840	15	14	38	30,073	0.63	18,805	61

Schedule 3 – Inpatient Statistical Background

CMB Code	Description	Complexity Level	SWRV	2004/2005				Blended Costed Cases	Average Cost of Variation	Coefficient of Variation	Standard Deviation	Trim Point
				Activity	Cases	Costed	Costed					
127	Major Respiratory Procedures		2.1313	520	427	853	13,835	1.03	14,239	38		
127		P1x1	1.3059	324	271	513	9,121	0.67	6,109	28		
127		P1x2	1.8908	78	60	141	13,070	0.71	9,303	40		
127		P1x3	2.3268	58	51	91	15,973	0.61	9,797	44		
127		P1x4	5.8964	60	46	111	41,381	0.86	35,471	62		
128	Minor Respiratory Procedures		1.1450	87	68	143	8,016	0.66	5,318	18		
128		P1x1	0.9168	60	51	105	7,036	0.49	3,469	14		
128		P1x2	1.2231	8	5	17	8,297	0.70	5,772	29		
128		P1x3	1.6299	7	6	13	12,051	0.84	10,110	31		
128		P1x4	8.8813	12	11	18	66,919	0.97	65,013	98		
129	Other Respiratory Procedures		0.6848	203	151	318	4,569	0.81	3,697	16		
129		P1x1	0.4406	162	109	236	3,166	0.37	1,171	4		
129		P1x2	1.3814	22	17	37	9,394	0.64	6,021	47		
129		P1x3	1.7528	9	8	15	11,769	0.58	6,848	53		
129		P1x4	3.7665	10	8	14	24,866	0.81	20,088	76		
135	Tuberculosis		1.8797	45	35	72	12,363	0.86	10,645	74		
135		P1x1	1.4671	34	25	53	10,358	0.90	9,295	58		
135		P1x2	1.9719	5	4	9	13,789	0.91	12,573	106		
135		P1x3	2.3783	4	4	6	16,689	0.55	9,164	58		
135		P1x4	4.0109	2	1	5	27,079	0.62	16,692	104		
136	Respiratory Failure		2.3006	460	309	670	14,173	1.00	14,122	36		
136		P1x1	1.2484	198	121	236	8,233	0.85	7,022	26		
136		P1x2	1.4200	83	50	123	9,202	0.90	8,273	32		
136		P1x3	1.8744	75	59	113	12,393	0.88	10,951	42		
136		P1x4	4.2255	104	84	210	28,388	0.83	23,559	51		
137	Respiratory Infections And Inflammations		1.6629	992	634	1,256	10,337	1.04	10,716	34		
137		P1x1	1.0481	575	346	682	7,057	0.77	5,462	27		
137		P1x2	1.5387	174	118	215	10,118	0.75	7,591	37		
137		P1x3	1.8151	123	92	190	12,279	0.78	9,614	41		
137		P1x4	3.7511	120	92	200	25,135	0.86	21,696	61		

Schedule 3 -- Inpatient Statistical Background

CMQ Code	Description	Complexity Level	SWRV	2004/2005			Average Coefficient Cost of Variation	Standard Deviation	Trim Point
				Activity	Costed Cases	Blended Costed Cases			
138	Respiratory Neoplasms		1.3542	1,086	606	1,312	8,392	0.82	6,901
138		P1x1	0.9473	601	305	613	6,290	0.80	5,024
138		P1x2	1.4087	285	174	394	9,305	0.72	6,719
138		P1x3	1.5222	136	80	192	10,014	0.78	7,803
138		P1x4	2.3275	64	47	120	15,548	0.75	11,614
139	Interstitial Disease		1.2316	322	149	289	7,536	1.35	10,144
139		P1x1	0.7407	236	102	184	4,885	0.83	4,036
139		P1x2	1.5000	39	19	35	9,835	0.67	6,631
139		P1x3	1.4737	21	15	39	9,761	0.67	6,548
139		P1x4	4.2432	26	19	38	28,639	1.07	30,543
140	Chronic Obstructive Pulmonary Disease (COPD)		1.1459	2,983	1,325	2,431	6,757	1.01	6,806
140		P1x1	0.7099	1,930	761	1,386	4,460	0.70	3,144
140		P1x2	1.1868	488	215	398	7,419	0.73	5,422
140		P1x3	1.3504	306	199	359	8,642	0.78	6,730
140		P1x4	2.8100	259	185	341	18,314	0.81	14,833
141	Pulmonary Edema		2.0184	203	92	198	12,342	1.39	17,178
141		P1x1	0.6991	109	39	103	4,572	0.80	3,668
141		P1x2	0.9907	37	18	26	6,481	0.62	4,024
141		P1x3	1.5522	21	14	25	10,173	1.09	11,114
141		P1x4	5.8802	36	26	51	39,353	0.67	26,314
142	Chronic Bronchitis		0.8859	3,651	1,635	3,228	5,191	0.97	5,015
142		P1x1	0.6209	2,825	1,201	2,357	3,921	0.74	2,920
142		P1x2	1.0673	462	192	364	6,774	0.72	4,873
142		P1x3	1.3437	258	172	337	8,719	0.78	6,786
142		P1x4	2.7418	106	75	183	17,719	0.94	16,602
143	Simple Pneumonia And Pleurisy		0.8759	7,075	2,556	5,337	5,386	1.12	6,014
143		P1x1	0.5669	5,575	1,806	3,750	3,782	0.74	2,787
143		P1x2	1.0951	797	346	747	7,181	0.80	5,743
143		P1x3	1.3255	454	247	503	8,959	0.82	7,368
143		P1x4	3.0238	249	182	355	20,616	0.93	19,116

Schedule 3 – Inpatient Statistical Background

CMA Code	Description	Complexity Level	2004/2005				Blended				Average Cost of Variation	Coefficient of Variation	Standard Deviation	Trim Point
			SWRV	Activity	Costed Cases	Costed Cases	Costed Cases	Costed Cases	Costed Cases	Costed Cases				
144	Pneumothorax		0.6157	290	165	344	3,710	0.90	3,347	17				
144		Pkx1	0.5060	265	155	317	3,311	0.87	2,877	14				
144		Pkx2	1.2223	15	7	19	8,044	0.59	4,764	35				
144		Pkx3	1.8270	7	4	8	12,451	0.59	7,335	31				
144		Pkx4	3.4629	3	1	4	22,631	0.54	12,112	65				
145	Tracheobronchitis		0.5569	2,501	716	1,513	3,663	0.78	2,856	8				
145		Pkx1	0.4920	2,348	678	1,438	3,537	0.74	2,626	8				
145		Pkx2	0.9727	80	28	60	7,115	0.78	5,566	15				
145		Pkx3	1.4212	42	22	41	11,061	0.95	10,471	27				
145		Pkx4	5.9645	31	27	48	49,622	0.81	40,368	43				
146	Asthma		0.3982	2,348	1,099	2,316	2,570	0.88	2,267	7				
146		Pkx1	0.3506	2,243	1,059	2,244	2,480	0.77	1,908	7				
146		Pkx2	0.7815	65	29	54	5,937	1.14	6,787	23				
146		Pkx3	1.2899	27	21	42	9,616	0.90	8,609	18				
146		Pkx4	3.8790	13	10	18	28,946	0.72	20,832	30				
147	Other Respiratory Diagnoses		0.7205	1,500	667	1,285	4,654	1.24	5,786	16				
147		Pkx1	0.5071	1,241	512	1,000	3,533	0.97	3,416	13				
147		Pkx2	0.8026	141	70	125	5,727	0.94	5,385	23				
147		Pkx3	1.2892	67	52	101	8,874	0.84	7,451	30				
147		Pkx4	3.6182	51	42	86	25,341	0.93	23,578	45				
175	PWS - Heart Or Lung Transplant		13.9436	56	52	98	93,719	0.70	65,696	129				
175		Pkx1	6.5069	7	6	13	46,183	0.30	14,046	36				
175		Pkx2	6.8199	10	9	15	49,336	0.47	23,160	39				
175		Pkx3	6.0459	3	2	7	42,388	0.25	10,607	47				
175		Pkx4	17.4361	36	34	60	125,945	0.63	79,235	173				
176	PWS - Cardiac Valve Replacement With Heart Pump With Cardiac Cath		6.8997	79	75	138	47,810	0.74	35,285	69				
176		Pkx1	4.3061	18	18	38	31,174	0.29	8,935	44				
176		Pkx2	5.0410	11	11	24	36,524	0.24	8,682	43				
176		Pkx3	5.9468	17	17	30	42,757	0.39	16,623	88				
176		Pkx4	11.2342	33	31	50	81,497	0.77	62,357	106				

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	2004/2005		Blended Costed Cases	Average Cost of Variation	Coefficient of Variation	Standard Deviation	Trim Point
				Activity	Costed Cases					
177	PWS - Cardiac Valve Replacement With Heart Pump Without Cardiac Cath		3.6820	499	461	984	25,068	0.49	12,311	24
177		P1x1	2.8358	307	286	599	20,401	0.30	6,162	14
177		P1x2	3.5683	68	65	157	25,622	0.35	8,894	22
177		P1x3	4.4691	41	40	91	31,798	0.39	12,504	42
177		P1x4	7.9386	83	75	152	57,019	0.84	36,496	64
178	PWS - Coronary Bypass With Heart Pump With Cardiac Cath		4.7180	285	275	565	32,452	0.60	19,432	45
178		P1x1	3.5768	88	86	160	25,702	0.30	7,785	37
178		P1x2	3.8854	93	93	213	28,007	0.39	10,817	42
178		P1x3	4.3723	52	50	96	31,503	0.35	10,908	46
178		P1x4	8.2787	52	49	102	59,780	0.73	43,511	71
179	PWS - Coronary Bypass With Heart Pump Without Cardiac Cath		2.6315	1,260	1,186	2,542	17,958	0.40	7,240	20
179		P1x1	2.1592	754	726	1,511	15,513	0.25	3,853	14
179		P1x2	2.5999	278	268	601	18,675	0.37	6,841	21
179		P1x3	3.2240	114	108	246	23,204	0.38	8,827	28
179		P1x4	6.2267	114	105	240	44,940	0.70	31,294	52
181	PWS - Other Cardio-Thoracic Procedures With Heart Pump With Cardiac Cath		9.7163	22	19	50	65,220	0.88	57,301	68
181		P1x1	3.0710	2	2	6	22,113	0.44	9,785	25
181		P1x2	3.5870	3	3	12	25,642	0.44	11,338	48
181		P1x3	3.8772	2	1	5	26,923	0.20	5,494	38
181		P1x4	13.9709	15	14	30	99,520	0.64	63,751	91
182	PWS - Other Cardio-Thoracic Procedures With Heart Pump Without Cardiac Cath		3.6307	294	261	555	24,406	0.60	14,681	23
182		P1x1	2.3960	148	141	306	17,106	0.34	5,892	13
182		P1x2	3.0966	53	47	97	22,206	0.32	7,019	15
182		P1x3	3.5981	28	24	45	25,894	0.41	10,668	24
182		P1x4	8.2089	65	60	128	58,597	0.52	30,433	49
183	PWS - Major Cardio-Thoracic Procedures Without Heart Pump With Cardiac Cath		3.3043	123	104	245	22,201	0.78	17,280	38
183		P1x1	1.8543	37	29	74	13,368	0.97	13,016	22
183		P1x2	2.5685	26	21	49	18,365	0.77	14,177	31

Schedule 3 – Inpatient Statistical Background

CMT Code Description	Complexity Level	SWRV	2004/2005		Blended Costed Cases	Average Cost of Variation	Coefficient of Variation	Standard Deviation	Trim Point
			Activity	Costed Cases					
183	Pk3	3.3770	20	16	40	23,490	0.58	13,693	29
183	Pk4	4.9824	40	36	82	34,725	0.63	22,027	61
184	PWS - Major Cardio-Thoracic Procedures Without Heart Pump Without Cardiac Cath	2.6606	104	76	166	17,628	0.76	13,461	38
184	Pk1	1.7274	44	31	77	12,246	0.67	8,154	21
184	Pk2	2.1724	25	20	31	15,443	0.53	8,214	27
184	Pk3	2.5244	19	14	26	17,546	0.54	9,522	44
184	Pk4	6.0541	16	13	33	41,446	0.58	23,981	80
185	Permanent Pacemaker Implant For Specified Cardiac Conditions	5.9893	254	161	359	41,275	0.47	19,194	44
185	Pk1	5.1309	118	72	166	36,750	0.45	16,381	32
185	Pk2	5.5393	54	42	104	39,775	0.48	19,209	41
185	Pk3	6.7411	51	30	62	48,640	0.36	17,622	44
185	Pk4	8.9110	31	19	33	63,989	0.46	29,505	74
186	Permanent Pacemaker Implant Without Specified Cardiac Conditions	2.6877	1,045	517	1,056	18,550	0.59	11,013	23
186	Pk1	2.2752	787	409	810	16,337	0.55	8,914	19
186	Pk2	3.2762	135	52	134	23,550	0.53	12,585	32
186	Pk3	3.9703	92	47	94	28,351	0.54	15,254	35
186	Pk4	5.5241	31	10	29	39,209	0.42	16,630	54
188	PWS - Percutaneous Transluminal Coronary Angioplasty W Complicating Card Conditions	1.7531	1,880	1,291	2,501	11,689	0.40	4,668	15
188	Pk1	1.5524	1,438	943	1,811	10,887	0.36	3,969	12
188	Pk2	1.8199	225	178	389	12,602	0.41	5,133	19
188	Pk3	2.1827	148	124	214	15,169	0.38	5,787	23
188	Pk4	3.7724	69	60	130	25,575	0.61	15,598	46
189	PWS - Percutaneous Transluminal Coronary Angioplasty W/O Complic Cardiac Conditions	1.1424	1,812	1,533	2,698	7,927	0.39	3,060	7
189	Pk1	0.9953	953	752	1,316	7,218	0.32	2,320	1
189	Pk2	1.2435	783	659	1,129	8,907	0.41	3,644	13
189	Pk3	1.7772	57	53	112	12,623	0.55	6,929	25
189	Pk4	4.3049	19	15	20	30,567	0.66	20,161	49

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2004/2005		Average Cost of Variation	Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Blended Costed Cases				
191	Temporary Cardiac Pacemaker		1.7473	30	15	25	11,568	1.26	14,591	26
191		P1x1	0.9041	16	7	13	6,306	0.50	3,176	16
191		P1x2	1.4625			4	9,651	0.32	3,107	14
191		P1x3	1.8413	2	1	5	12,272	0.75	9,225	26
191		P1x4	2.9610	12	7	8	20,909	1.08	22,644	42
193	Cardiac Pacemaker Device Replacement Or Revision		1.7869	152	50	95	12,231	0.86	10,554	10
193		P1x1	1.4552	137	31	63	10,480	0.93	9,790	5
193		P1x2	3.6576	10	5	10	26,559	0.86	22,974	34
193		P1x3	3.0189	2	1	5	20,702	0.67	13,772	25
193		P1x4	5.5251	3	2	5	38,421	0.75	28,939	46
194	PWS - Minor Cardio-Thoracic Procedures Without Heart Pump		1.0502	249	224	446	7,296	0.52	3,795	10
194		P1x1	0.8586	216	175	350	6,302	0.42	2,639	4
194		P1x2	2.0375	20	18	33	14,528	0.78	11,325	28
194		P1x3	1.6453	9	8	14	11,960	0.48	5,747	17
194		P1x4	3.6361	4	4	7	25,334	1.04	26,297	43
200	AMI, Unstable Angina Or Cardiac Cath With Shock Or Pulmonary Embolism		2.2400	89	62	142	13,876	1.01	14,013	34
200		P1x1	0.9708	30	19	36	6,341	0.89	5,639	19
200		P1x2	1.6130	17	8	23	11,113	0.74	8,221	30
200		P1x3	1.7473	15	11	35	11,458	0.71	8,128	34
200		P1x4	3.8340	27	21	48	25,090	0.88	22,202	55
201	AMI With Cardiac Cath With Congestive Heart Failure		2.3925	102	65	149	14,631	0.66	9,639	35
201		P1x1	1.8494	58	34	89	12,174	0.51	6,178	28
201		P1x2	2.3023	24	18	32	15,380	0.44	6,696	37
201		P1x3	2.2726	12	8	13	14,939	0.38	5,692	29
201		P1x4	5.3402	8	6	18	32,989	0.75	24,878	60
202	AMI With Cardiac Cath With Ventricular Tachycardia		1.6741	15	10	15	10,525	0.47	4,965	30
202		P1x1	1.3820	13	8	10	9,371	0.44	4,166	28
202		P1x2	1.0550			1	6,266			11
202		P1x3	1.7344	2	2	4	11,786	0.68	8,028	34
202		P1x4	2.6573			3	17,382	0.20	3,535	30

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	SNRV	2004/2005		Blended	Average Cost of Variation	Coefficient of Variation	Standard Deviation	Trim Point
				Activity	Costed Cases	Costed Cases				
203	AMI With Cardiac Cath With Angina		1.2284	27	18	45	7,559	0.45	3,393	22
203		P1x1	1.0892	23	16	40	7,162	0.46	3,295	20
203		P1x2	1.7026	3	1	5	11,265	0.17	1,969	28
203		P1x3	1.0384	1	1	3	7,182	0.27	1,965	14
203		P1x4	0.9110			1	6,067			42
204	AMI With Cardiac Cath Without Specified Cardiac Conditions		1.3598	748	388	792	8,419	0.49	4,122	23
204		P1x1	1.1596	648	319	672	7,700	0.41	3,194	20
204		P1x2	1.6378	56	36	63	11,001	0.42	4,580	31
204		P1x3	1.8079	29	21	37	12,135	0.52	6,264	34
204		P1x4	3.3317	15	11	18	22,577	0.54	12,114	41
205	AMI Without Cardiac Cath With Congestive Heart Failure		1.5762	362	187	401	9,471	0.77	7,338	31
205		P1x1	1.1730	224	109	220	7,446	0.62	4,631	24
205		P1x2	1.4771	59	28	69	9,715	0.54	5,230	38
205		P1x3	1.4414	46	29	52	9,614	0.72	6,922	37
205		P1x4	2.8035	33	24	64	18,417	0.77	14,194	53
206	AMI Without Cardiac Cath With Ventricular Tachycardia		0.9968	33	9	29	5,898	0.94	5,559	22
206		P1x1	0.7743	25	8	23	4,782	0.75	3,600	19
206		P1x2	1.1596	3		4	7,716	0.60	4,621	38
206		P1x3	0.9886	5	1	5	6,800	1.55	10,528	18
206		P1x4	1.8721			5	12,547	0.76	9,514	55
207	AMI Without Cardiac Cath With Angina		1.2392	54	18	36	7,572	0.98	7,413	20
207		P1x1	0.9128	46	11	26	6,106	0.84	5,125	20
207		P1x2	2.4905	5	4	5	15,767	0.95	15,014	34
207		P1x3	1.2101	2	2	5	7,906	0.38	2,990	28
207		P1x4	1.8688	1	1	2	13,084	0.09	1,209	13
208	AMI Without Cardiac Cath Without Specified Cardiac Conditions		0.9353	1,771	705	1,415	5,514	0.80	4,406	17
208		P1x1	0.7822	1,515	591	1,176	4,986	0.72	3,584	17
208		P1x2	1.2998	122	60	111	8,444	0.66	5,557	27
208		P1x3	1.1598	79	34	79	7,343	0.91	6,700	23
208		P1x4	2.1191	55	37	77	14,051	0.81	11,347	41

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2004/2005		Costed Cases	Costed Cases	Blended Costed Cases	Average Cost of Variation	Coefficient of Variation	Standard Deviation	Trim Point
210	Unstable Angina With Cardiac Cath With Specified Cardiac Conditions		1.6515	22	8	28	10,153	0.53	5,341	27			
210		P1x1	1.2948	21	8	21	8,594	0.45	3,830	27			
210		P1x2	2.0033	1		5	13,327	0.65	8,668	35			
210		P1x3	2.6418			4	17,944	0.45	8,043	58			
210		P1x4	3.1253			2	19,145	0.62	11,793	22			
211	Unstable Angina With Cardiac Cath Without Specified Cardiac Conditions		1.1167	303	146	332	6,687	0.48	3,208	20			
211		P1x1	1.0140	283	139	312	6,590	0.48	3,190	20			
211		P1x2	1.2702	11	5	15	8,410	0.50	4,219	33			
211		P1x3	1.6796	8	2	6	10,905	0.48	5,271	27			
211		P1x4	2.6964	1	1	3	18,345	0.81	14,777	39			
212	Unstable Angina Without Cardiac Cath With Specified Cardiac Conditions		1.1824	145	45	80	7,349	0.88	6,462	19			
212		P1x1	0.9881	114	31	62	6,649	1.04	6,925	17			
212		P1x2	1.2611	17	7	9	8,071	0.42	3,404	28			
212		P1x3	1.6920	6	4	5	11,952	0.39	4,676	42			
212		P1x4	2.3653	8	5	7	16,434	0.34	5,605	69			
213	Unstable Angina Without Cardiac Cath Without Specified Cardiac Conditions		0.5781	1,306	342	704	3,394	0.84	2,848	11			
213		P1x1	0.5148	1,246	321	657	3,294	0.85	2,802	11			
213		P1x2	0.7594	46	17	37	4,683	0.65	3,048	18			
213		P1x3	1.8432	11	3	13	9,765	0.70	6,867	32			
213		P1x4	1.3246	3	1	6	8,476	0.92	7,771	33			
215	Cardiac Cath With Congestive Heart Failure		1.9013	294	219	448	11,886	0.66	7,801	35			
215		P1x1	1.4598	216	167	320	9,725	0.52	5,077	31			
215		P1x2	2.0003	34	22	52	13,512	0.46	6,193	42			
215		P1x3	2.3630	21	19	48	15,902	0.50	7,974	42			
215		P1x4	4.3589	23	18	34	29,561	0.51	15,039	68			
216	Cardiac Cath With Ventricular Tachycardia		1.5152	178	133	244	9,301	0.63	5,840	29			
216		P1x1	1.2645	158	115	215	8,326	0.51	4,241	26			
216		P1x2	1.8462	8	6	8	12,379	0.84	10,430	33			
216		P1x3	1.8870	9	9	12	12,587	0.36	4,580	30			
216		P1x4	3.3799	3	2	6	22,193	0.38	8,478	53			

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SHRV	Activity	2004/2005		Average Coefficient	Standard Deviation	Trim Point
					Costed Cases	Blended Costed Cases			
217	Cardiac Cath With Unstable Angina		1.0125	242	140	304	6,156	0.51	3,128
217		P1x1	0.9208	236	135	290	6,010	0.51	3,070
217		P1x2	1.2803	4	3	8	8,258	0.26	2,184
217		P1x3	1.9807	2	2	6	12,731	0.36	4,568
217		P1x4	1.7437			5	11,731	0.56	6,591
218	Cardiac Cath Without Specified Cardiac Conditions		0.7794	1,255	859	1,602	4,969	0.62	3,099
218		P1x1	0.7020	1,200	823	1,527	4,812	0.61	2,925
218		P1x2	1.2401	33	25	50	8,273	0.64	5,281
218		P1x3	1.5083	16	10	24	11,053	1.01	11,130
218		P1x4	2.4746	6	6	12	16,450	0.62	10,199
219	Endocarditis		2.4835	85	61	113	15,058	1.08	16,229
219		P1x1	1.4199	47	33	65	9,285	0.73	6,795
219		P1x2	1.6994	10	7	13	10,923	0.49	5,306
219		P1x3	2.5492	9	5	9	17,153	0.63	10,836
219		P1x4	4.8403	19	17	27	31,731	0.81	25,617
220	Pulmonary Embolism		0.9085	821	518	1,059	5,483	0.79	4,359
220		P1x1	0.6807	548	322	657	4,381	0.68	2,996
220		P1x2	0.9104	183	132	267	5,844	0.69	4,038
220		P1x3	1.4977	53	42	90	10,143	0.65	6,595
220		P1x4	2.5278	37	28	62	17,088	0.97	16,627
222	Heart Failure		1.1389	4,364	1,764	3,556	6,785	0.88	5,940
222		P1x1	0.8214	2,938	1,109	2,231	5,258	0.70	3,691
222		P1x2	1.2441	746	336	671	7,953	0.70	5,578
222		P1x3	1.6289	416	200	414	10,345	0.76	7,888
222		P1x4	2.7522	264	176	355	18,154	0.85	15,409
225	Hypertensive Heart Disease		1.1952	73	11	37	7,106	0.88	4,841
225		P1x1	0.8161	35		8	5,002	0.62	3,122
225		P1x2	0.8280	29	7	19	5,313	0.51	2,732
225		P1x3	2.1249	6	4	9	14,291	0.65	9,310
225		P1x4	2.9298	3	2	5	19,930	0.49	9,773

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2004/2005		Average Cost of Variation	Coefficient	Standard Deviation	Trim Point
					Costed Cases	Blended Costed Cases				
226	Other Circulatory Diagnoses		0.9118	1,050	561	1,039	5,756	1.06	6,084	20
226		P1x1	0.6364	773	386	702	4,234	0.81	3,450	16
226		P1x2	1.1327	153	97	195	7,757	0.98	7,576	27
226		P1x3	1.5238	82	63	111	10,419	0.80	8,353	40
226		P1x4	3.2541	42	31	66	22,431	1.18	26,483	57
229	Atherosclerosis (MNRH)		0.8251	695	299	639	4,819	0.86	4,163	20
229		P1x1	0.5744	525	227	477	3,625	0.67	2,422	14
229		P1x2	1.2750	104	42	97	8,028	0.80	6,429	31
229		P1x3	1.8627	46	26	53	11,662	0.76	8,818	53
229		P1x4	3.3793	20	16	34	22,513	0.93	20,912	76
232	Acquired Valvular Disorders (MNRH)		1.0135	118	63	126	6,223	0.87	5,398	27
232		P1x1	0.7547	73	42	83	5,040	0.77	3,874	23
232		P1x2	1.0247	30	14	29	6,609	0.72	4,771	30
232		P1x3	2.7950	12	9	12	17,536	0.71	12,379	79
232		P1x4	3.8886	3	1	8	26,328	0.93	24,512	84
233	Hypertension (MNRH)		0.5570	823	122	231	3,457	0.71	2,449	11
233		P1x1	0.4779	728	102	194	3,163	0.70	2,229	13
233		P1x2	0.7872	72	15	28	5,351	0.55	2,927	21
233		P1x3	0.9117	19	7	11	7,016	1.24	8,667	29
233		P1x4	1.2687	4	3	5	8,848	0.61	5,430	33
234	Congenital Cardiac Disorders (MNRH)		1.6694	41	29	45	11,758	1.31	15,450	25
234		P1x1	0.9387	25	13	24	6,944	1.08	7,495	15
234		P1x2	0.7471	8	6	9	6,225	0.65	4,041	26
234		P1x3	2.0912	5	5	5	18,113	0.34	6,201	26
234		P1x4	5.4394	3	3	6	43,543	0.98	42,714	44
235	Angina Pectoris		0.4701	712	98	177	2,733	0.61	1,666	10
235		P1x1	0.4244	664	96	170	2,682	0.61	1,643	10
235		P1x2	0.7246	33	2	7	4,810	0.74	3,577	17
235		P1x3	1.0587	13	1	5	7,065	0.44	3,102	29
235		P1x4	1.3468	2	1	1	8,857			11

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	SNRV	Activity	2004/2005		Average Coefficient Cost of Variation	Standard Deviation	Trim Point
					Costed Cases	Blended Costed Cases			
237	Arrhythmia		0.7243	3,161	994	1,945	4,295	0.81	3,490
237		P1x1	0.5623	2,562	761	1,480	3,621	0.78	2,818
237		P1x2	0.9702	421	173	338	6,209	0.67	4,139
237		P1x3	1.3991	142	68	126	9,078	0.75	6,820
237		P1x4	2.8744	36	21	53	18,752	0.72	13,412
240	Syncope And Collapse		0.5495	850	305	602	3,330	0.84	2,813
240		P1x1	0.4749	763	276	542	3,117	0.87	2,705
240		P1x2	1.0073	58	17	42	6,395	0.64	4,081
240		P1x3	1.0422	27	15	30	6,800	0.66	4,517
240		P1x4	1.7710	2	1	5	11,204	0.50	5,620
242	Chest Pain		0.3911	3,123	978	1,909	2,344	0.64	1,502
242		P1x1	0.3559	3,007	951	1,849	2,316	0.64	1,487
242		P1x2	0.6280	92	30	61	3,963	0.63	2,479
242		P1x3	0.9633	21	7	17	6,296	0.64	4,023
242		P1x4	1.5049	3	1	5	10,053	0.47	4,687
250	Extensive Gastrointestinal Procedures		3.7038	70	58	131	23,490	0.52	12,290
250		P1x1	2.5977	43	37	70	17,584	0.37	6,483
250		P1x2	3.1312	10	9	20	21,314	0.25	5,372
250		P1x3	4.4907	6	5	18	31,020	0.44	13,591
250		P1x4	6.5381	11	8	24	43,545	0.46	19,817
251	Gastrostomy And Colostomy Procedures		3.2173	1,479	813	1,665	20,804	0.88	18,259
251		P1x1	1.8435	814	427	879	12,765	0.53	6,722
251		P1x2	2.7931	141	83	175	18,936	0.57	10,780
251		P1x3	3.2888	196	120	248	22,812	0.61	13,877
251		P1x4	7.8868	328	216	416	54,761	0.88	48,200
252	Major Esophageal, Stomach And Duodenum Procedures		2.6690	97	67	120	17,195	0.61	10,490
252		P1x1	1.9120	58	41	75	12,992	0.46	6,025
252		P1x2	2.7317	13	9	18	19,015	0.38	7,167
252		P1x3	3.1298	12	9	11	22,152	0.56	12,406
252		P1x4	7.4932	14	11	21	50,553	0.71	35,838

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005				Blended				Average Cost of Variation	Coefficient	Standard Deviation	Trim Point
			SWRV	Activity	Costed Cases	Costed	Cases	Costed	Cases	Costed				
253	Major Intestinal And Rectal Procedures		2.0228	2,520	1,335	2,643	12,745	0.59	7,529	28				
253		Plx1	1.5085	1,715	916	1,801	10,205	0.39	3,971	21				
253		Plx2	2.3659	213	111	249	15,917	0.46	7,267	35				
253		Plx3	2.3525	283	170	313	15,953	0.49	7,775	35				
253		Plx4	4.9677	309	182	363	33,901	0.77	26,014	69				
255	Less Extensive Esophageal, Stomach And Duodenum Procedures		1.3155	930	534	1,081	8,503	0.60	5,077	18				
255		Plx1	1.0980	784	454	894	7,654	0.52	3,986	17				
255		Plx2	1.5902	52	34	76	10,893	0.49	5,326	27				
255		Plx3	1.8064	41	25	75	12,397	0.51	6,289	28				
255		Plx4	4.3476	53	32	71	29,597	0.75	22,219	57				
258	Laparotomy		1.3686	971	587	1,050	8,770	0.71	6,192	24				
258		Plx1	1.0444	772	451	798	7,200	0.58	4,142	18				
258		Plx2	1.8420	80	52	105	12,495	0.66	8,196	38				
258		Plx3	2.1045	61	38	82	14,129	0.61	8,659	38				
258		Plx4	3.6383	58	41	71	25,131	0.83	20,868	68				
260	Less Extensive Intestinal And Rectal Procedures		0.5478	272	161	323	3,361	0.70	2,369	10				
260		Plx1	0.4903	257	155	306	3,245	0.68	2,218	10				
260		Plx2	0.8822	6	4	12	6,130	0.70	4,284	18				
260		Plx3	1.3798	8	4	8	8,939	0.90	8,062	23				
260		Plx4	6.1644	1		5	41,282	0.71	29,279	87				
261	Complicated Appendectomy		0.8807	840	591	1,164	5,661	0.54	3,059	12				
261		Plx1	0.7254	737	517	1,000	5,067	0.48	2,418	9				
261		Plx2	1.3209	39	31	57	9,650	0.41	3,938	18				
261		Plx3	1.3011	51	31	64	8,882	0.53	4,750	17				
261		Plx4	1.6291	13	8	24	12,099	0.57	6,860	24				
262	Simple Appendectomy		0.5060	2,335	1,429	2,885	3,168	0.54	1,716	5				
262		Plx1	0.4596	2,283	1,412	2,852	3,136	0.41	1,295	5				
262		Plx2	0.7550	19	11	22	4,951	0.56	2,782	13				
262		Plx3	1.1848	23	14	26	8,286	1.40	11,618	12				
262		Plx4	1.6095	10	7	11	11,800	0.35	4,101	25				

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	SNRV	Activity	2004/2005		Average Cost of Variation	Coefficient	Standard Deviation	Trim Point
					Costed Cases	Blended Costed Cases				
264	Minor Gastrointestinal Procedures		0.7534	101	64	126	5,354	0.57	3,061	8
264		P1x1	0.6725	81	59	112	5,196	0.59	3,057	8
264		P1x2	0.8971	9	3	10	6,868	0.62	4,275	20
264		P1x3	1.8831	7	7	10	13,194	0.48	6,391	36
264		P1x4	4.9334	4	4	5	36,942	1.13	41,674	31
265	Abdominal Laparoscopy		0.5661	101	50	96	3,568	0.64	2,274	10
265		P1x1	0.5057	89	43	86	3,488	0.61	2,129	10
265		P1x2	0.4381	5	2	4	2,364	0.54	1,270	14
265		P1x3	1.0316	5	4	5	7,872	0.68	5,340	27
265		P1x4	0.8843	2	2	3	5,525	0.86	4,736	19
266	Anus And Stomal Procedures (MNRH)		0.4698	858	403	792	2,799	0.70	1,950	7
266		P1x1	0.4292	816	394	770	2,771	0.70	1,947	7
266		P1x2	0.7840	23	10	23	5,295	0.68	3,606	20
266		P1x3	1.3904	17	10	17	9,409	0.46	4,369	32
266		P1x4	6.6566	2	1	11	42,136	0.72	30,197	120
269	Bilateral Hernia Procedures		0.5834	1,869	1,083	2,009	3,504	0.54	1,885	7
269		P1x1	0.5253	1,793	1,056	1,937	3,425	0.53	1,811	7
269		P1x2	1.0717	43	26	60	6,971	0.52	3,653	14
269		P1x3	1.1962	25	14	33	7,737	0.61	4,682	18
269		P1x4	3.0880	8	7	13	21,265	0.82	17,480	32
271	Unilateral Hernia Procedures (MNRH)		0.4304	777	202	446	2,607	0.46	1,193	4
271		P1x1	0.3904	746	192	430	2,572	0.46	1,184	4
271		P1x2	0.9109	18	9	19	6,063	0.71	4,317	25
271		P1x3	1.0989	8	3	8	7,537	0.92	6,951	25
271		P1x4	4.4457	5	3	6	29,183	0.55	16,193	50
279	Digestive System Malignancy		1.1613	778	397	786	7,083	0.83	5,897	36
279		P1x1	0.8179	567	278	504	5,394	0.81	4,357	30
279		P1x2	1.2868	111	54	136	8,387	0.69	5,799	46
279		P1x3	1.5395	55	40	86	10,176	0.65	6,610	48
279		P1x4	2.4011	45	27	61	15,763	0.69	10,880	69

Schedule 3 -- Inpatient Statistical Background

CMG Code Description	Complexity Level	SWRV	2004/2005		Blended Costed Cases	Average Cost of Variation	Coefficient of Variation	Standard Deviation	Trim Point
			Activity	Costed Cases					
281 G.I. Hemorrhage		0.6514	2,433	1,242	2,391	4,006	0.90	3,600	14
281	P1x1	0.5026	2,023	1,022	1,956	3,322	0.85	2,166	11
281	P1x2	1.0147	200	105	210	6,742	0.67	4,540	25
281	P1x3	1.2029	126	78	156	8,063	0.81	6,502	31
281	P1x4	2.2362	84	64	111	15,139	0.93	14,067	41
285 Complicated Ulcer		0.6946	149	85	176	4,201	0.71	2,987	18
285	P1x1	0.5487	120	66	143	3,590	0.64	2,304	17
285	P1x2	1.4278	9	7	15	9,594	0.67	6,389	40
285	P1x3	1.4280	14	10	20	9,137	0.68	6,206	35
285	P1x4	1.9077	6	5	9	12,187	0.90	10,921	50
286 Uncomplicated Ulcer		0.5371	228	82	171	3,253	0.58	1,893	11
286	P1x1	0.4802	205	76	155	3,156	0.60	1,893	11
286	P1x2	0.7355	9	3	10	4,793	0.58	2,787	18
286	P1x3	0.9357	10	3	8	6,380	0.61	3,905	24
286	P1x4	1.7585	4	4	5	11,965	0.54	6,494	38
289 Inflammatory Bowel Disease		0.6209	879	449	858	3,871	0.67	2,612	15
289	P1x1	0.5724	800	404	786	3,833	0.70	2,669	17
289	P1x2	0.9472	26	16	32	6,353	0.71	4,522	29
289	P1x3	0.8421	45	33	54	5,771	0.72	4,142	35
289	P1x4	2.0304	8	6	10	13,315	0.72	9,589	58
290 G.I. Obstruction		0.5407	2,206	982	1,899	3,201	0.72	2,306	14
290	P1x1	0.4412	1,982	874	1,694	2,830	0.64	1,810	11
290	P1x2	0.8670	107	39	88	5,464	0.70	3,835	24
290	P1x3	1.1545	82	37	62	7,296	0.69	5,024	37
290	P1x4	1.9324	35	21	41	12,715	0.63	8,023	56
294 Esophagitis, Gastroenteritis And Miscellaneous Digestive Disease		0.4818	12,436	3,739	7,278	2,979	0.81	2,402	13
294	P1x1	0.3911	11,345	3,210	6,311	2,620	0.70	1,841	10
294	P1x2	0.7457	636	256	473	5,102	0.70	3,553	21
294	P1x3	0.8437	329	164	303	5,668	0.85	4,843	27
294	P1x4	2.0539	126	72	152	14,401	0.90	13,020	56

Schedule 3 – Inpatient Statistical Background

CMG Code Description	Complexity Level	2004/2005				Blended			
		SWRV	Activity	Costed Cases	Posted Cases	Average Cost of Variation	Coefficient of Variation	Standard Deviation	Trim Point
297 Other G.I. Diagnoses		0.5932	1,791	976	1,974	3,679	0.92	3,400	16
297	P1x1	0.4540	1,527	816	1,654	3,014	0.76	2,289	13
297	P1x2	1.0522	112	66	137	7,059	0.74	5,223	33
297	P1x3	1.1750	96	65	128	7,877	0.82	6,439	33
297	P1x4	2.2214	56	40	78	15,541	0.88	13,667	47
310 PWS - Liver Transplant		9.9396	65	61	119	66,808	0.70	46,504	86
310	P1x1	4.7799	12	12	20	34,556	0.32	10,973	28
310	P1x2	4.9284	4	4	8	35,437	0.27	9,674	27
310	P1x3	5.9182	5	5	12	42,325	0.40	16,983	51
310	P1x4	11.3825	44	40	79	81,869	0.61	50,036	110
311 Major Pancreatic Procedures		3.6030	204	178	337	23,489	0.81	18,955	54
311	P1x1	2.3633	105	93	170	16,509	0.49	8,096	26
311	P1x2	2.8846	34	30	59	19,984	0.81	16,093	46
311	P1x3	4.3077	17	16	39	29,535	0.82	24,268	83
311	P1x4	7.8080	48	43	81	52,742	0.80	42,168	110
312 Major Hepatobiliary Procedures		2.3824	212	184	306	16,286	0.67	10,941	25
312	P1x1	1.8766	146	135	221	13,614	0.35	4,699	18
312	P1x2	2.2850	22	18	33	16,547	0.33	5,538	25
312	P1x3	2.8428	17	15	23	20,364	0.63	12,770	40
312	P1x4	6.8574	27	26	41	49,161	0.75	36,813	79
313 Common Duct Exploration		2.2869	23	20	51	13,996	0.73	10,196	52
313	P1x1	1.4313	10	7	26	9,154	0.52	4,764	29
313	P1x2	2.2208	3	3	7	15,238	0.24	3,724	30
313	P1x3	2.9531	8	8	11	20,430	0.81	16,625	60
313	P1x4	3.1856	2	1	5	20,211	0.58	11,635	55
314 Other Hepatobiliary And Pancreatic Procedures		1.7548	232	127	267	11,270	0.82	9,260	28
314	P1x1	1.2537	156	86	181	8,521	0.61	5,193	23
314	P1x2	1.6061	30	18	39	10,992	0.45	4,965	25
314	P1x3	2.9466	21	15	27	20,888	0.70	14,611	52
314	P1x4	4.5266	25	15	31	31,442	0.55	17,245	65

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2004/2005		Blended		Average Cost of Variation	Coefficient	Standard Deviation	Trim Point
					Costed Cases	Costed	Costed Cases	Costed				
315	Cholecystectomy		1.4672	383	187	412	9,123	0.48	4,424	19		
315		Pix1	1.1679	287	128	273	7,742	0.42	3,233	15		
315		Pix2	1.5030	54	33	82	9,967	0.40	3,954	21		
315		Pix3	2.2270	25	16	39	14,883	0.46	6,806	28		
315		Pix4	3.9724	17	13	25	26,759	0.70	18,842	72		
317	Laparoscopic Cholecystectomy		0.6544	3,288	912	1,824	4,083	0.45	1,835	7		
317		Pix1	0.5736	2,957	799	1,576	3,870	0.44	1,712	7		
317		Pix2	0.9061	247	129	272	6,057	0.40	2,448	15		
317		Pix3	1.3465	62	21	50	9,015	0.51	4,596	22		
317		Pix4	1.9489	22	12	29	12,907	0.43	5,582	34		
320	Miscellaneous Hepatobiliary And Pancreatic Procedures		1.9231	90	67	129	12,293	0.98	12,083	36		
320		Pix1	1.1199	59	40	82	7,769	0.45	3,503	20		
320		Pix2	1.3367	8	7	15	9,166	0.36	3,329	25		
320		Pix3	2.0632	9	7	10	14,940	0.77	11,507	32		
320		Pix4	5.5192	14	10	20	37,306	0.50	18,804	83		
323	Cirrhosis And Alcoholic Hepatitis		1.3202	400	207	462	8,029	1.16	9,341	34		
323		Pix1	0.7623	174	77	165	4,942	0.77	3,826	21		
323		Pix2	0.8775	110	64	134	5,667	0.74	4,194	28		
323		Pix3	1.5546	64	39	90	10,401	0.81	8,461	47		
323		Pix4	3.2078	52	33	84	21,039	1.01	21,353	71		
324	Pancreatic Cancer Or Other Malignancy Of Hepatobiliary System		1.2655	597	360	747	7,859	0.77	6,088	39		
324		Pix1	0.9649	338	180	364	6,360	0.78	4,968	33		
324		Pix2	1.1426	158	101	197	7,473	0.68	5,052	37		
324		Pix3	1.5089	65	49	108	10,352	0.79	8,159	47		
324		Pix4	1.9109	36	30	77	12,909	0.61	7,861	52		
325	Pancreas Diseases Except Malignancy		0.6274	1,950	896	1,747	3,738	0.82	3,054	15		
325		Pix1	0.5049	1,627	752	1,448	3,254	0.70	2,283	14		
325		Pix2	0.9046	194	102	195	5,949	0.79	4,721	25		
325		Pix3	1.3925	91	55	105	9,024	0.68	6,174	36		
325		Pix4	3.2796	38	27	70	21,279	0.87	18,588	50		

Schedule 3 – Inpatient Statistical Background

CMG Code Description	Complexity Level	2004/2005				Blended Costed Cases	Average Cost of Variation	Coefficient of Variation	Standard Deviation	Trim Point
		SWPV	Activity	Costed Cases	Costed Cases					
326 Liver Diseases Except Cirrhosis Or Cancer		1,3429	692	396	776	8,438	1.24		10,477	30
326	Pk1	0.6783	399	201	394	4,558	0.80		3,630	20
326	Pk2	1.0574	137	83	158	7,095	1.02		7,241	34
326	Pk3	1.3880	73	46	87	9,298	0.82		7,595	42
326	Pk4	3.6436	83	62	136	24,711	0.93		23,051	48
329 Biliary Tract Diseases		0.6000	1,436	509	1,023	3,600	0.88		3,165	13
329	Pk1	0.4563	1,208	403	779	2,949	0.67		1,977	10
329	Pk2	0.8540	81	41	89	5,549	0.67		3,737	24
329	Pk3	0.8452	97	41	113	5,486	1.07		5,886	20
329	Pk4	2.0208	50	31	52	13,295	0.94		12,509	43
350 Multiple Or Bilateral Joint Replacement		2.6295	89	62	113	15,917	0.38		6,044	39
350	Pk1	2.0778	58	44	80	13,461	0.26		3,434	16
350	Pk2	2.4749	1		6	16,438	0.20		3,252	25
350	Pk3	3.6350	16	12	15	24,268	0.43		10,387	74
350	Pk4	6.6747	14	11	13	45,529	0.60		27,209	156
351 Joint Replacement For Trauma		2.4572	873	519	1,124	15,302	0.56		8,574	43
351	Pk1	1.8670	568	338	718	12,443	0.37		4,578	28
351	Pk2	2.9538	144	79	166	19,590	0.51		9,901	69
351	Pk3	2.8398	73	45	105	19,250	0.56		10,798	66
351	Pk4	4.3145	88	56	143	28,747	0.75		21,679	107
352 Hip Replacement		1.6930	2,517	1,548	3,068	10,316	0.29		2,987	14
352	Pk1	1.5191	2,267	1,395	2,731	9,960	0.26		2,566	11
352	Pk2	2.0054	113	63	168	13,187	0.36		4,778	25
352	Pk3	2.1842	107	49	99	14,367	0.42		6,022	28
352	Pk4	2.9920	30	23	49	20,556	0.53		10,994	43
354 Knee Replacement		1.4882	3,137	1,749	3,440	8,983	0.25		2,259	11
354	Pk1	1.3600	2,863	1,650	3,230	8,873	0.24		2,172	11
354	Pk2	1.6789	130	66	151	11,093	0.28		3,127	18
354	Pk3	1.9077	101	48	88	12,708	0.35		4,432	22
354	Pk4	2.8748	43	16	31	18,850	0.55		10,431	38

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005				Average Cost of Variation	Coefficient of Variation	Standard Deviation	Trim Point
			SWRV	Activity	Costed Cases	Blended Costed Cases				
355	Reattachment Procedures Or Lower Extremity Or Shoulder Amputations		1.8125	97	50	106	11,615	1.06	12,263	39
355		Pix1	1.0692	53	23	62	7,330	0.70	5,099	20
355		Pix2	2.1132	20	13	23	14,377	0.74	10,623	49
355		Pix3	2.5700	15	10	17	17,352	0.78	13,470	60
355		Pix4	10.2023	9	5	13	68,024	0.70	47,578	137
356	Repair Hip And Femur Procedures		1.4225	199	140	307	9,385	0.79	7,409	26
356		Pix1	1.1245	176	124	261	7,998	0.77	6,152	20
356		Pix2	2.3355	14	9	20	16,462	0.48	7,835	51
356		Pix3	2.8884	5	3	13	19,391	0.45	8,677	31
356		Pix4	3.5904	4	3	15	24,797	0.69	17,182	135
358	Lower Extremity Procedures With Infection		1.5578	93	64	150	9,885	0.82	8,097	34
358		Pix1	1.1753	71	47	116	8,166	0.69	5,598	24
358		Pix2	1.8768	12	11	22	12,305	0.61	7,537	42
358		Pix3	6.0625	2	2	5	39,569	0.78	31,046	117
358		Pix4	3.9317	8	5	10	26,495	0.72	19,033	96
359	Upper Extremity Procedures With Infection		1.2308	33	22	58	7,882	0.76	6,000	29
359		Pix1	0.9480	26	16	50	6,584	0.70	4,595	23
359		Pix2	2.8302			4	18,181	0.42	7,686	54
359		Pix3	6.8709	3	2	4	45,842	0.63	29,061	130
359		Pix4	2.5467	4	4	6	17,775	0.88	15,600	55
360	Upper Extremity Amputations And Revisions		2.1025	57	38	86	13,229	0.90	11,916	46
360		Pix1	1.1793	38	26	57	8,024	0.80	6,428	31
360		Pix2	3.1847	9	5	9	22,043	0.59	12,896	68
360		Pix3	3.6173	6	4	10	28,153	1.19	33,443	128
360		Pix4	6.0451	4	3	12	39,415	0.60	23,728	97
361	Musculoskeletal Biopsy For Malignancy		2.6099	35	28	59	17,874	0.85	15,172	66
361		Pix1	1.9231	29	22	44	14,552	0.79	11,560	45
361		Pix2	2.6886	4	3	5	19,338	0.81	15,749	87
361		Pix3	4.5238	1	1	5	30,377	0.63	19,108	124
361		Pix4	4.8712	1	1	7	35,525	0.66	23,427	114

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005				Average Coefficient of Variation	Standard Deviation	Trim Point
			SWRV	Activity	Costed Cases	Blended Costed Cases			
362	Musculoskeletal Biopsy Without Malignancy		1.9417	58	50	116	12,644	1.19	15,006
362		Pix1	1.0889	41	36	75	7,731	0.63	4,855
362		Pix2	2.2692	6	5	15	14,878	0.47	6,935
362		Pix3	2.4972	6	5	15	17,337	0.66	11,384
362		Pix4	8.7911	5	4	9	64,316	1.07	68,913
363	Back And Neck Procedures With Fusion		1.7474	1,031	775	1,512	11,934	0.66	7,821
363		Pix1	1.5135	907	679	1,323	10,824	0.61	6,572
363		Pix2	2.4865	61	52	113	17,891	0.46	8,295
363		Pix3	3.2555	38	31	68	23,999	0.60	14,394
363		Pix4	6.9167	25	19	48	52,613	0.82	43,062
365	Back And Neck Procedures Without Fusion		0.7517	1,155	840	1,824	4,958	0.53	2,644
365		Pix1	0.6664	1,107	784	1,697	4,611	0.44	2,040
365		Pix2	1.3047	33	28	64	9,320	0.56	5,224
365		Pix3	1.6668	13	12	21	11,612	0.51	5,909
365		Pix4	3.1582	2	1	9	21,892	0.87	19,077
367	Shoulder Arthroplasty		1.3670	146	82	187	8,185	0.28	2,327
367		Pix1	1.2459	141	80	183	8,152	0.29	2,336
367		Pix2	1.6683	4	3	5	11,380	0.20	2,275
367		Pix3	1.1569	1	1	3	8,010	0.22	1,798
367		Pix4							12
368	Major Hip And Knee Procedures		0.9531	24	18	42	6,397	0.66	4,240
368		Pix1	0.8663	21	17	41	6,162	0.65	4,005
368		Pix2	1.5418	2	1	3	10,826	0.47	5,115
368		Pix3							60
368		Pix4	3.2937	1	1	1	24,494		25
369	Major Lower Extremity Procedures		0.8912	511	324	601	5,939	0.50	2,990
369		Pix1	0.8179	499	324	592	5,913	0.50	2,965
369		Pix2	1.5455	8	6	19	10,944	0.48	5,285
369		Pix3	1.6093	4	4	5	11,257	0.32	3,622
369		Pix4	6.8732			1	45,768		44

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2004/2005		Average Cost of Variation	Coefficient	Standard Deviation	Trim Point
					Costed Cases	Blended Costed Cases				
372	Major Upper Extremity Procedures		0.7634	302	178	315	4,952	0.50	2,498	7
372		Pix1	0.6962	295	173	310	4,875	0.50	2,435	7
372		Pix2	1.9250	4	4	5	13,665	0.32	4,330	24
372		Pix3	1.3834	3	2	5	9,945	0.35	3,520	13
372		Pix4								56
374	Minor Lower Extremity Procedures		0.6206	1,338	396	787	4,002	0.44	1,759	4
374		Pix1	0.5661	1,324	393	781	3,991	0.44	1,752	4
374		Pix2	1.1602	6	4	9	8,313	0.56	4,687	16
374		Pix3	1.6471	5	3	5	11,869	0.54	6,398	13
374		Pix4	2.5046	3	2	3	17,836	0.56	9,900	28
375	Minor Upper Extremity Procedures		0.4778	1,516	247	497	2,951	0.29	863	1
375		Pix1	0.4395	1,507	247	496	2,950	0.29	864	1
375		Pix2	1.0987	7	3	6	7,387	0.65	4,804	23
375		Pix3	0.7342	2		2	4,889	0.26	1,285	11
375		Pix4	11.9819			2	81,846	0.98	79,910	89
376	Miscellaneous Musculoskeletal Procedures		1.0932	199	156	287	7,445	0.74	5,541	10
376		Pix1	0.9965	190	152	280	7,317	0.74	5,427	10
376		Pix2	3.0366	5	5	9	22,758	0.66	14,966	37
376		Pix3	3.1771	1	1	5	23,369	0.49	11,391	50
376		Pix4	6.3801	3	2	6	49,924	0.59	29,612	62
377	Wound Debridement And Skin Graft For Musculoskeletal Disorders		1.3999	194	151	317	9,251	1.05	9,759	28
377		Pix1	0.9491	161	124	260	6,797	0.89	6,040	19
377		Pix2	2.6322	12	10	22	18,434	0.73	13,400	50
377		Pix3	2.7456	10	8	19	18,694	0.78	14,518	41
377		Pix4	10.2009	11	10	21	72,570	0.77	55,619	143
378	Soft Tissue Procedures (MINRH)		0.8777	78	65	131	5,883	0.74	4,359	19
378		Pix1	0.6544	65	55	110	4,825	0.65	3,148	13
378		Pix2	1.4577	6	6	10	10,693	0.56	5,997	15
378		Pix3	1.4984	3	3	9	10,843	0.44	4,822	28
378		Pix4	3.8424	4	2	5	24,946	0.30	7,409	52

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	2004/2005		Blended Costed Cases	Average Cost of Variation	Standard Deviation	Trim Point
				Activity	Costed Cases				
379	Other Musculoskeletal Procedures (MNRH)		0.7564	665	400	903	5,039	1.04	5,256
379		Pix1	0.5116	640	332	785	3,660	0.70	2,551
379		Pix2	1.9764	11	9	20	13,816	0.93	12,916
379		Pix3	2.7487	4	1	6	21,374	0.92	19,741
379		Pix4	5.8940	10	8	19	39,447	0.68	27,012
380	Other Lower Extremity Procedures (MNRH)		0.3231	482	251	495	1,697	0.43	729
380		Pix1	0.2913	481	251	495	1,697	0.43	729
380		Pix2	0.9354	1	1	5	6,099	0.44	2,706
380		Pix3							4
380		Pix4							
381	Hand And Wrist Procedures (MNRH)		0.4494	150	70	138	2,726	0.37	1,022
381		Pix1	0.4128	149	70	138	2,726	0.37	1,022
381		Pix2	1.0024			3	6,768	0.44	2,998
381		Pix3	7.8315	1	1	2	50,201	0.49	24,394
381		Pix4	3.0127			1	20,677		13
382	Arthroscopy (MNRH)		0.5319	23	7	17	3,352	0.91	3,048
382		Pix1	0.3779	20	5	14	2,322	0.69	1,612
382		Pix2	1.1553			2	7,747	0.75	5,804
382		Pix3	1.7266	1	1	2	16,458	0.50	8,201
382		Pix4	1.7850	2	1	1	11,738		64
383	PWS - Joint Replacement For Malignancy		3.2273	24	16	33	21,683	0.49	10,701
383		Pix1	2.4035	13	7	19	16,756	0.32	5,316
383		Pix2	3.1751	8	7	8	22,452	0.37	8,387
383		Pix3	4.8819	2	2	5	34,226	0.37	12,799
383		Pix4	7.6664	1	1	5	54,258	0.42	22,809
384	PWS - Back And Neck Procedures For Malignancy		3.8486	16	13	37	25,754	0.67	17,303
384		Pix1	2.3758	8	7	21	16,294	0.44	7,135
384		Pix2	4.7724	2	2	5	32,525	0.75	24,259
384		Pix3	3.9104	3	2	5	27,380	0.48	13,110
384		Pix4	12.3272	3	3	5	83,654	1.04	86,882

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005			Blended Costed Cases	Average Coefficient Cost of Variation	Standard Deviation	Trim Point
			SWRV	Activity	Costed Cases				
385	PWS - Major Orthopaedic Oncology Procedures		2.5561	22	12	27	18,547	1.01	18,752
385		P1x1	1.6555	19	9	19	11,693	0.72	8,392
385		P1x2	1.5591	1	1	5	10,405	0.49	5,119
385		P1x3	4.2676	1	1	3	35,539	0.52	18,305
385		P1x4	8.0479	1	1	5	62,037	0.46	28,311
386	Other Orthopaedic Oncology Procedures		1.8197	66	44	89	11,891	0.64	7,614
386		P1x1	1.5326	55	36	73	10,643	0.65	6,879
386		P1x2	1.6176	7	4	8	10,663	0.53	5,671
386		P1x3	5.1567	3	2	6	33,222	0.31	10,159
386		P1x4	5.1424	1	1	6	37,329	0.44	16,578
391	Secondary Neoplasms And Pathological Fractures		1.6867	677	333	676	10,534	0.78	8,252
391		P1x1	1.2323	457	201	400	8,161	0.70	5,701
391		P1x2	1.7226	125	71	154	11,804	0.69	8,172
391		P1x3	2.2447	55	42	67	14,896	0.65	9,667
391		P1x4	3.8736	40	25	63	25,756	0.91	23,419
392	Osteomyelitis		1.5944	136	63	119	10,038	0.85	8,581
392		P1x1	0.9683	82	35	76	6,891	0.63	4,343
392		P1x2	3.0753	25	9	11	19,046	0.81	15,422
392		P1x3	1.8320	20	12	21	11,917	0.52	6,252
392		P1x4	4.0258	9	4	9	26,261	0.99	26,107
393	Rheumatoid Arthritis		1.1863	159	73	144	7,684	1.12	8,630
393		P1x1	0.6822	123	51	95	4,766	0.87	4,148
393		P1x2	0.9865	12	9	16	6,558	0.92	6,058
393		P1x3	1.1949	11	4	13	8,082	0.99	8,000
393		P1x4	3.6137	13	7	17	25,322	0.57	14,490
394	Septic Arthritis		0.9523	96	40	84	6,003	0.89	5,336
394		P1x1	0.6843	73	33	60	4,726	0.93	4,408
394		P1x2	1.6068	7	1	6	10,918	0.61	6,605
394		P1x3	1.0470	10	5	13	7,111	0.69	4,884
394		P1x4	3.4810	6	3	5	22,925	0.76	17,430

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005				Blended Costed Cases	Average Cost of Variation	Coefficient	Standard Deviation	Trim Point
			SWHV	Activity	Costed Cases	Costed Cases					
397	Non-Inflammatory Arthritis		0.9687	248	51	98	5,472	0.78		4,263	30
397		Pk1	0.7912	204	43	82	4,935	0.78		3,872	24
397		Pk2	1.9375	23	4	10	11,199	0.75		8,434	56
397		Pk3	1.5181	14	5	8	10,393	0.93		9,701	122
397		Pk4	3.5386	7	2	4	24,356	0.20		4,861	90
398	Other Inflammatory Arthritis		0.7993	614	267	558	5,063	0.87		4,424	21
398		Pk1	0.5862	467	191	395	4,051	0.70		2,835	18
398		Pk2	0.9253	69	40	76	6,132	0.71		4,345	34
398		Pk3	1.7177	56	32	69	11,213	0.93		10,439	56
398		Pk4	3.0211	22	17	43	20,589	0.90		18,542	63
399	Orthopaedic Aftercare		0.9718	388	165	362	5,803	0.98		5,661	32
399		Pk1	0.6260	289	116	258	4,071	0.93		3,785	25
399		Pk2	1.7732	38	22	50	11,402	0.85		9,693	77
399		Pk3	1.8093	34	25	46	11,329	0.66		7,438	70
399		Pk4	2.5175	27	11	19	16,097	0.75		12,007	86
401	Other Musculoskeletal Malignancies		1.2843	42	22	54	8,858	1.19		10,536	33
401		Pk1	0.7667	29	16	32	5,429	0.78		4,233	20
401		Pk2	1.3553	5	3	14	10,204	0.84		8,598	44
401		Pk3	2.4767	5	1	5	14,537	0.56		8,119	40
401		Pk4	3.2427	3	2	5	26,524	0.93		24,730	71
402	Disc Disease		0.8566	851	200	423	5,164	0.74		3,819	27
402		Pk1	0.6985	759	175	363	4,503	0.66		2,966	24
402		Pk2	2.0759	49	20	46	12,925	0.77		9,929	69
402		Pk3	2.2760	26	13	23	15,642	0.69		10,791	87
402		Pk4	3.6115	17	12	19	22,960	0.67		15,423	99
404	Other Musculoskeletal Infections		1.0477			4	6,982	0.66		4,580	37
404		Pk1	1.0519			4	6,982	0.66		4,580	37
404		Pk2									
404		Pk3									
404		Pk4									

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2004/2005		Average Cost of Variation	Coefficient	Standard Deviation	Trim Point
					Costed Cases	Blended Costed Cases				
407	Other Musculoskeletal Disorders		0.8568	126	55	108	5,496	1.24	6,841	20
407		Pk1	0.5473	97	43	83	3,741	0.74	2,760	13
407		Pk2	1.2779	11	5	11	9,324	0.79	7,392	35
407		Pk3	1.3826	4	1	7	8,887	0.74	6,612	34
407		Pk4	4.5856	14	10	12	31,204	0.61	19,100	134
409	Back Pain (MNRH)		0.6133	1,000	220	404	3,735	0.82	3,071	17
409		Pk1	0.4623	887	189	343	3,064	0.73	2,245	14
409		Pk2	1.3436	75	14	34	8,665	0.68	5,860	40
409		Pk3	1.5237	23	13	22	10,359	0.75	7,797	50
409		Pk4	1.8424	15	7	12	11,890	0.77	9,151	87
411	Signs, Symptoms And Deformities (MNRH)		0.6339	435	133	278	3,954	0.84	3,312	17
411		Pk1	0.5545	370	114	244	3,708	0.86	3,187	17
411		Pk2	1.0846	38	16	28	7,209	0.73	5,294	36
411		Pk3	1.3652	20	7	15	9,123	0.73	6,620	52
411		Pk4	3.5520	7	1	4	23,958	1.15	27,631	192
413	Joint Derangements (MNRH)		0.6535	118	37	86	3,977	0.85	3,379	19
413		Pk1	0.4762	104	26	68	3,240	0.91	2,942	13
413		Pk2	0.8554	9	6	9	5,252	0.55	2,876	23
413		Pk3	1.5661	4	2	5	10,298	0.64	6,627	40
413		Pk4	1.6285	1		2	10,623	0.93	9,870	36
414	Sprains Strains And Minor Injuries (MNRH)		0.5082	141	37	82	3,210	0.87	2,797	19
414		Pk1	0.4162	132	35	76	2,785	0.79	2,189	16
414		Pk2	1.3482	5		4	8,744	0.75	6,581	42
414		Pk3	2.4017	2		3	15,249	0.76	11,557	42
414		Pk4	1.1874	2	1	2	10,002	0.32	3,166	44
425	Skin Graft And Wound Debridement For Dermatologic Dis Except Ulcer Or Cellulitis		0.6300	1,330	478	1,127	3,856	0.50	1,915	4
425		Pk1	0.5760	1,281	467	1,109	3,821	0.49	1,881	4
425		Pk2	1.7372	34	22	44	12,044	0.55	6,569	22
425		Pk3	2.7479	11	2	10	17,673	0.41	7,279	18

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2004/2005		Blended		Average Cost of Variation	Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Costed Cases	Costed Cases	Costed Cases				
425		Plx4	4,5441	4	4	4	18	18	31,865	0.76	24,122	54
427	Skin Graft And Wound Debridement For Skin Ulcer Or Cellulitis		3,8726	52	39	86	24,583	1.11	27,343	111		
427		Plx1	1,6781	31	22	58	11,314	0.84	9,452	54		
427		Plx2	8,0034	6	4	7	56,240	0.35	19,482	159		
427		Plx3	5,4502	1	1	5	36,088	0.45	16,122	103		
427		Plx4	8,6906	14	11	17	58,549	0.67	39,075	164		
428	Breast Procedures Except Biopsy And Local Excision Without Malignancy		0,6345	182	94	269	3,903	0.39	1,523	4		
428		Plx1	0,5803	179	93	262	3,829	0.36	1,394	4		
428		Plx2	1,2025	2	1	7	8,491	0.71	6,025	7		
428		Plx3	2,0823	1	1	2	14,780	1.03	15,262	13		
428		Plx4	1,0089			1	7,429			4		
429	Total Mastectomy For Breast Malignancy		0,6471	1,017	735	1,375	3,859	0.39	1,512	4		
429		Plx1	0,5936	994	726	1,355	3,837	0.39	1,503	4		
429		Plx2	1,1345	16	11	26	7,234	0.62	4,458	20		
429		Plx3	1,3651	7	5	10	8,674	0.26	2,288	17		
429		Plx4	3,0491			1	22,453			109		
432	Subtotal Mastectomy And Other Breast Procedures For Malignancy		0,5501	801	595	1,190	3,332	0.34	1,143	4		
432		Plx1	0,5072	788	591	1,180	3,321	0.34	1,132	4		
432		Plx2	0,9001	9	4	11	6,012	0.62	3,743	14		
432		Plx3	2,0919	3	3	5	13,780	0.53	7,281	38		
432		Plx4	1,0920	1		2	7,271	0.06	401	74		
434	Breast Biopsy And Local Excision Without Malignancy		0,4232	78	30	73	2,491	0.40	991	1		
434		Plx1	0,3865	76	29	72	2,490	0.40	998	1		
434		Plx2	0,6627	1	1	3	4,391	0.42	1,863	3		
434		Plx3	0,5588	1	1	1	4,155			11		
434		Plx4	83,9137			1	575,926			361		
435	Perianal And Pilonidal Cyst Procedures		0,4163	123	26	67	2,554	0.58	1,484	7		
435		Plx1	0,3718	113	25	63	2,471	0.57	1,412	7		
435		Plx2	0,8406	5	1	5	5,681	0.79	4,471	22		
435		Plx3	1,5341	2		1	10,215			90		

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005				Blended			
			SWRV	Activity	Costed Cases	Costed	Costed Cases	Average Cost of Variation	Coefficient of Variation	Standard Deviation
435		Pix4	7.2634	3	3	5	51,942	0.97	50,523	209
436	Plastic Surgery		0.5904	87	27	56	3,732	0.47	1,737	4
436		Pix1	0.5509	86	27	56	3,732	0.47	1,737	4
436		Pix2	3.7781	1	1	1	25,794			31
436		Pix3	2.2509			1	14,989			46
436		Pix4	4.4119			1	25,066			82
437	Other Dermatological Procedures Without Malignancy Or Skin Ulcer Or Cellulitis		0.6802	255	143	285	4,408	0.74	3,265	13
437		Pix1	0.5433	228	123	249	3,806	0.70	2,674	10
437		Pix2	1.0768	12	11	18	7,516	0.66	4,960	22
437		Pix3	2.0198	8	6	11	14,545	0.76	10,996	60
437		Pix4	4.8562	7	4	10	33,436	0.50	16,696	84
438	Other Dermatological Procedures For Malignancy Or Skin Ulcer Or Cellulitis		1.5439	187	113	233	9,795	1.18	11,553	46
438		Pix1	0.8204	145	84	166	5,592	0.70	3,913	24
438		Pix2	2.4020	15	10	24	15,696	0.85	13,419	91
438		Pix3	2.5854	12	6	18	17,450	0.80	13,939	88
438		Pix4	6.9288	15	11	31	47,331	0.88	41,461	170
439	Skin Ulcer		2.4854	168	54	99	14,651	0.80	11,687	68
439		Pix1	1.7170	101	28	53	10,859	0.71	7,750	60
439		Pix2	2.0881	22	6	10	12,935	0.61	7,835	72
439		Pix3	2.2706	30	15	21	14,652	0.64	9,407	64
439		Pix4	5.1295	15	5	16	34,162	0.65	22,373	141
440	Major Skin Disorders		0.6978	146	53	99	4,726	0.85	4,017	23
440		Pix1	0.5617	118	45	83	4,021	0.83	3,328	20
440		Pix2	0.8520	15	4	10	6,706	0.77	5,177	37
440		Pix3	1.8163	12	5	8	13,430	0.45	6,052	41
440		Pix4	6.8202	1	1	5	47,853	0.87	41,579	87
443	Malignant Breast Disorders		1.3155	90	26	63	8,024	0.78	6,243	48
443		Pix1	0.8602	42	11	26	5,748	0.74	4,264	38
443		Pix2	1.3512	30	9	19	8,690	0.77	6,689	48

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2004/2005		Average Cost of Variation	Coefficient	Standard Deviation	Trim Point
					Costed Cases	Blended Costed Cases				
443		Pix3	1.5253	9	1	8	9,488	0.39	3,675	70
443		Pix4	1.6942	9	5	10	11,502	0.81	9,312	60
446	Non-Malignant Breast Disorders		0.2970	39	15	30	1,848	0.47	866	7
446		Pix1	0.2733	39	15	30	1,848	0.47	866	7
446		Pix2								5
446		Pix3								
446		Pix4								
447	Cellulitis		0.7425	1,919	708	1,296	4,503	0.74	3,318	18
447		Pix1	0.5701	1,565	540	965	3,774	0.72	2,717	15
447		Pix2	0.9554	200	92	179	6,180	0.58	3,571	26
447		Pix3	1.1558	112	60	114	7,508	0.71	5,323	35
447		Pix4	2.4769	42	25	70	16,051	0.70	11,233	75
452	Trauma Of Skin, Subcutaneous Tissue And Breast		0.4670	300	76	154	2,951	0.73	2,152	13
452		Pix1	0.3753	263	60	125	2,595	0.68	1,760	10
452		Pix2	0.7871	23	7	16	4,965	0.77	3,841	33
452		Pix3	0.6724	11	5	11	4,454	0.61	2,731	31
452		Pix4	1.2972	3	1	2	8,750	0.91	7,943	53
454	Minor Skin Disorders		0.5173	397	146	262	3,428	1.25	4,300	13
454		Pix1	0.4198	347	129	231	3,017	1.05	3,167	10
454		Pix2	0.9937	27	9	20	7,103	0.92	6,500	36
454		Pix3	2.5318	15	7	12	19,100	1.32	25,261	47
454		Pix4	2.5837	8	6	12	18,027	0.84	15,128	76
476	PWS - Adrenal And Pituitary Procedures		1.5298	102	88	204	10,316	0.54	5,558	15
476		Pix1	1.2172	79	68	161	8,516	0.40	3,385	9
476		Pix2	2.7472	11	10	21	20,061	0.59	11,855	32
476		Pix3	2.7577	5	5	10	21,256	0.58	12,365	41
476		Pix4	4.3752	7	6	8	31,560	0.46	14,573	47
477	Parathyroid Procedures		0.6414	191	135	270	4,345	0.42	1,824	7
477		Pix1	0.5708	175	125	245	4,064	0.36	1,475	4
477		Pix2	1.1376	7	5	9	8,357	0.37	3,099	14

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2004/2005		Blended Costed Cases	Average Cost of Variation	Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Costed Cases					
477		Pix3	0.8841	7	5	9	6,404	0.42		2,720	23
477		Pix4	6.2951	2	2	5	43,505	0.48		21,099	125
478	Obesity Procedures		1.0683	428	106	199	6,394	0.44		2,821	10
478		Pix1	0.9698	414	101	187	6,187	0.39		2,435	9
478		Pix2	1.2541	7	2	8	8,035	0.33		2,664	12
478		Pix3	1.6922	3	2	5	10,700	0.50		5,365	19
478		Pix4	5.4777	4	2	4	34,549	0.64		22,134	48
479	Thyroid Procedures		0.6424	925	703	1,446	4,039	0.40		1,631	4
479		Pix1	0.5924	898	693	1,423	4,005	0.40		1,614	4
479		Pix2	0.9742	4	3	12	6,407	0.30		1,893	9
479		Pix3	1.2341	17	13	19	8,900	0.50		4,470	15
479		Pix4	3.3267	6	5	9	23,866	0.50		12,051	50
480	Thyroglossal Procedures		0.4379	9	6	16	2,636	0.42		1,105	4
480		Pix1	0.4039	9	6	16	2,636	0.42		1,105	4
480		Pix2									
480		Pix3									
480		Pix4									
482	Other Endocrine, Nutrition And Metabolic Procedures		4.4565	112	89	186	29,320	1.03		30,189	42
482		Pix1	4.1534	69	57	110	29,684	1.10		32,693	23
482		Pix2	3.7516	11	6	21	25,962	1.09		28,424	42
482		Pix3	3.4976	16	12	22	25,492	0.79		20,041	54
482		Pix4	8.0578	16	15	42	54,448	1.04		56,427	108
483	Diabetes		0.6561	2,802	955	1,878	4,050	0.97		3,933	20
483		Pix1	0.4508	2,124	690	1,369	3,045	0.81		2,453	14
483		Pix2	1.0037	325	126	215	6,455	0.78		5,049	31
483		Pix3	0.9344	230	89	197	6,269	0.82		5,145	27
483		Pix4	2.5843	123	78	136	17,089	1.09		18,561	65
485	Nutritional And Miscellaneous Metabolic Disorders		0.7406	2,298	934	1,839	4,664	1.01		4,701	20
485		Pix1	0.5079	1,683	600	1,180	3,459	0.95		3,293	14
485		Pix2	0.9407	357	180	342	6,378	0.78		5,001	27

Schedule 3 – Inpatient Statistical Background

CMO Code Description	Complexity Level	SWRV	Activity	2004/2005		Blended Costed Cases	Average Cost of Variation	Coefficient of Variation	Standard Deviation	Trim Point
				Costed Cases	Blended Costed Cases					
485	Pix3	1.1306	181	114	219	7,605	1.03		7,854	36
485	Pix4	1.8853	77	51	120	12,885	0.83		10,636	65
487 Cystic Fibrosis		1.8111	109	82	180	13,340	0.55		7,369	28
487	Pix1	1.6533	64	48	113	13,711	0.53		7,292	30
487	Pix2	1.5196	14	11	19	11,493	0.58		6,722	30
487	Pix3	1.5759	21	18	35	11,846	0.61		7,251	30
487	Pix4	3.4705	10	8	17	27,071	0.90		24,409	48
488 Inborn Errors Of Metabolism		1.6944	61	37	79	13,415	1.71		22,991	20
488	Pix1	1.5748	47	28	65	14,028	1.74		24,389	17
488	Pix2	0.6482	4	4	8	4,386	0.52		2,262	24
488	Pix3	2.3740	8	5	5	21,554	1.05		22,633	29
488	Pix4	5.6586	2	2	5	46,564	0.94		43,629	106
489 Endocrine Disorders		0.7877	338	132	304	5,050	0.99		4,998	22
489	Pix1	0.5416	283	105	233	3,747	0.73		2,732	16
489	Pix2	1.4522	32	19	41	9,704	0.78		7,568	56
489	Pix3	1.4307	15	9	21	9,576	0.73		6,954	58
489	Pix4	3.9957	8	5	12	28,641	1.11		31,725	99
500 PWS - Kidney Transplant		3.2904	133	123	249	22,585	0.51		11,616	25
500	Pix1	2.2900	70	65	131	16,530	0.27		4,478	13
500	Pix2	2.5777	13	11	24	18,412	0.31		5,747	19
500	Pix3	3.7763	21	21	47	27,457	0.42		11,426	26
500	Pix4	6.2570	29	25	48	44,830	0.60		27,085	52
501 Urinary Diversion And Augmentation		2.5030	115	101	212	15,513	0.46		7,178	29
501	Pix1	1.9323	76	69	141	13,041	0.38		4,997	22
501	Pix2	2.6161	12	11	23	17,338	0.38		6,562	35
501	Pix3	3.4936	8	7	23	22,606	0.51		11,429	47
501	Pix4	4.8047	19	18	34	31,630	0.64		20,097	74
502 Radical Prostatectomy		1.1347	672	625	1,270	6,788	0.25		1,711	9
502	Pix1	1.0351	642	607	1,204	6,717	0.25		1,652	9
502	Pix2	1.2258	19	11	49	7,864	0.28		2,186	10

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Activity	Blended		Average Coefficient Cost of Variation	Standard Deviation	Trim Point
			SWRV	Costed Cases		Costed Cases	Costed Cases			
502		Pix3	1.3853	9	7	16	16	9,156	0.29	2,683
502		Pix4	1.7506	2	2	6	6	11,194	0.29	3,246
503	Dialysis Procedures		1.3030	159	142	282	282	8,826	1.30	11,507
503		Pix1	0.3742	108	74	153	153	2,624	0.51	1,335
503		Pix2	1.0902	24	22	44	44	8,104	1.41	11,397
503		Pix3	3.6165	11	9	22	22	25,623	0.88	17,495
503		Pix4	11.1191	16	15	34	34	78,640	0.82	64,575
504	Major Urinary Tract Procedures		1.2602	750	608	1,170	1,170	8,025	0.51	4,090
504		Pix1	1.0995	655	541	1,030	1,030	7,581	0.49	3,749
504		Pix2	1.5974	40	33	80	80	11,052	0.51	5,635
504		Pix3	1.8482	29	23	39	39	12,435	0.55	6,892
504		Pix4	5.5811	26	22	40	40	37,985	0.99	37,647
505	Reconstructive Urological Procedures		0.8199	71	45	92	92	4,968	0.67	3,343
505		Pix1	0.7003	60	41	84	84	4,604	0.66	3,042
505		Pix2	1.9364	6	5	10	10	12,377	0.68	8,418
505		Pix3	0.5760	2	2	2	2	3,836	0.04	139
505		Pix4	8.0962	3	3	3	3	60,932	0.95	57,755
506	Open Prostatectomy		1.0084	11	8	28	28	5,973	0.44	2,657
506		Pix1	0.8099	8	6	23	23	5,111	0.35	1,782
506		Pix2	1.2125	1	1	5	5	7,919	0.40	3,183
506		Pix3	1.6853	1	1	2	2	10,643	0.11	1,124
506		Pix4	2.5150	1	1	2	2	17,902	0.33	5,917
507	Vascular And Other Urinary Procedures		2.7870	28	21	42	42	18,099	0.99	17,959
507		Pix1	1.3390	16	10	22	22	8,925	1.07	9,505
507		Pix2	2.5254	1	1	5	5	17,025	0.68	11,562
507		Pix3	1.9009	1	1	5	5	13,003	0.67	8,766
507		Pix4	6.2308	10	10	16	16	44,472	0.64	28,445
508	Minor Upper Urinary Tract Procedures		1.0572	276	198	422	422	6,483	0.48	3,133
508		Pix1	0.8935	232	174	373	373	5,896	0.42	2,459
508		Pix2	1.2671	11	3	14	14	8,157	0.44	3,628

Schedule 3 – Inpatient Statistical Background

CMG Code Description	Complexity Level	2004/2005				Blended Costed Cases	Average Cost of Variation	Coefficient of Variation	Standard Deviation	Trim Point
		SWRV	Activity	Costed Cases	Costed Cases					
508	Pix3	1.9467	21	13	25	13,382	0.30	4,072	26	
508	Pix4	4.5195	12	8	14	33,377	1.17	38,902	89	
509 Minor Lower Urinary Tract Procedures										
509	Pix1	0.8101	191	97	182	5,150	0.49	2,512	10	
509	Pix2	0.7514	177	96	177	5,149	0.49	2,538	10	
509	Pix2	1.7366	10	2	6	11,952	0.81	9,673	30	
509	Pix3	3.0288	3	2	4	22,196	0.98	21,844	62	
509	Pix4	2.5237	1		4	16,455	0.71	11,710	77	
510 Transurethral Prostatectomy										
510	Pix1	0.5274	1,495	667	1,654	3,041	0.42	1,281	7	
510	Pix2	0.4694	1,402	638	1,593	2,965	0.39	1,157	7	
510	Pix2	0.9816	53	26	57	6,284	0.57	3,597	17	
510	Pix3	1.1107	27	14	24	7,132	0.53	3,766	37	
510	Pix4	2.0681	13	7	11	14,050	0.50	6,992	39	
512 Other Transurethral Or Biopsy Procedures (MNRH)										
512	Pix1	0.3607	1,881	1,086	2,255	2,101	0.43	903	4	
512	Pix1	0.3259	1,821	1,073	2,230	2,083	0.42	874	4	
512	Pix2	0.9215	28	15	36	6,032	0.64	3,869	26	
512	Pix3	1.0381	18	9	18	6,562	0.58	3,835	31	
512	Pix4	3.7474	14	9	17	24,926	0.78	19,496	100	
514 Miscellaneous Urinary Tract Procedures (MNRH)										
514	Pix1	0.3344	25	14	23	1,943	0.46	902	4	
514	Pix1	0.3061	25	14	23	1,943	0.46	902	3	
514	Pix2								28	
514	Pix3									
514	Pix4									
520 Renal Failure With Dialysis										
520	Pix1	2.6794	198	131	264	17,802	0.84	14,936	58	
520	Pix1	1.7453	76	44	95	12,388	0.73	9,002	48	
520	Pix2	1.8949	43	24	57	13,403	0.69	9,240	49	
520	Pix3	2.6882	39	30	51	18,886	0.74	13,961	63	
520	Pix4	4.7177	40	35	63	32,791	0.78	25,626	77	
521 Renal Failure Without Dialysis										
521	Pix1	1.1425	1,258	567	1,100	7,032	1.01	7,111	33	
521	Pix1	0.7403	748	340	623	4,890	0.84	4,090	21	
521	Pix2	1.0900	276	110	215	7,165	0.76	5,437	34	

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005				Blended Costed Cases	Average Cost of Variation	Coefficient of Variation	Standard Deviation	Trim Point
			SWRV	Activity	Costed Cases	Costed					
521		Pix3	1.4985	142	68	153	9,824	0.77		7,528	44
521		Pix4	2.8133	92	51	122	18,914	0.83		15,687	73
522	Urinary Neoplasm		1.3405	396	153	308	8,222	0.87		7,171	45
522		Pix1	0.8615	215	71	144	5,667	0.89		5,045	32
522		Pix2	1.3392	113	47	90	8,804	0.83		7,347	52
522		Pix3	1.7686	36	19	40	11,711	0.90		10,542	63
522		Pix4	2.7729	32	17	40	18,881	0.68		12,804	82
524	Nephrotic Syndrome		0.5977	60	33	66	4,090	0.54		2,222	20
524		Pix1	0.4963	44	26	51	3,709	0.51		1,879	15
524		Pix2	0.7107	6	1	5	4,808	0.43		2,082	27
524		Pix3	0.7825	7	6	10	5,674	0.56		3,198	28
524		Pix4	3.2268	3	1	5	21,523	0.44		9,460	56
525	Nephropathy Without Nephrotic Syndrome		0.7979	78	50	92	5,435	0.80		4,322	20
525		Pix1	0.4701	50	30	54	3,550	0.72		2,546	11
525		Pix2	0.9102	4	3	10	6,368	0.92		5,874	17
525		Pix3	1.2755	18	11	21	9,558	0.59		5,601	23
525		Pix4	1.4933	6	4	6	11,112	0.78		8,621	60
526	Miscellaneous Nephrological Diagnosis		0.6026	22	14	27	4,050	0.78		3,148	22
526		Pix1	0.4993	18	13	21	3,703	0.76		2,808	13
526		Pix2	1.3598	2	1	5	8,886	0.68		6,008	45
526		Pix3	0.7533	1		4	5,215	0.87		4,556	27
526		Pix4	6.7009	1	1	2	41,517	1.11		45,998	40
527	Upper Urinary Tract Infection		0.5775	1,037	431	841	3,657	0.67		2,451	11
527		Pix1	0.4998	911	376	741	3,476	0.66		2,283	11
527		Pix2	0.8916	55	26	46	6,121	0.63		3,844	21
527		Pix3	0.7877	53	30	55	5,249	0.63		3,318	22
527		Pix4	2.0047	18	15	25	13,696	0.91		12,519	34
529	Lower Urinary Tract Infection		0.8016	2,071	989	1,763	4,871	0.79		3,845	20
529		Pix1	0.5755	1,583	664	1,199	3,786	0.65		2,452	14
529		Pix2	0.9867	256	143	249	6,464	0.69		4,460	28

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2004/2005		Average Coefficient	Standard Deviation	Trim Point
					Costed Cases	Costed Cases			
529		Plx3	0.9464	145	99	181	6.201	0.66	4,103 28
529		Plx4	2.1774	87	72	131	14,734	0.90	13,331 51
532	Urinary Retention And Other Functional Disorders Of Bladder		0.5474	272	95	172	3,311	1.01	3,360 16
532		Plx1	0.4593	231	83	153	3,014	1.08	3,245 13
532		Plx2	0.8203	25	7	12	5,167	0.63	3,245 31
532		Plx3	1.4303	13	6	7	10,137	0.85	8,660 41
532		Plx4	1.8436	3	1	4	11,638	0.90	10,526 72
534	Miscellaneous Urological Diagnoses (MNRH)		0.4783	223	132	290	2,952	0.82	2,417 13
534		Plx1	0.3891	200	116	251	2,554	0.74	1,892 10
534		Plx2	0.6965	15	10	21	5,144	0.77	3,978 24
534		Plx3	1.0859	7	5	13	7,988	1.14	9,090 28
534		Plx4	3.6061	1		5	23,346	0.54	12,643 70
535	Hematuria (MNRH)		0.4797	277	118	227	2,844	0.79	2,253 14
535		Plx1	0.3894	246	101	200	2,510	0.73	1,830 13
535		Plx2	0.8451	15	11	16	5,422	0.69	3,750 25
535		Plx3	0.9139	11	7	10	6,481	0.69	4,464 26
535		Plx4	2.1709	5	5	8	13,705	0.55	7,566 46
536	Urinary Obstruction (MNRH)		0.3419	2,064	719	1,418	1,980	0.75	1,482 7
536		Plx1	0.3029	1,969	685	1,359	1,923	0.74	1,425 7
536		Plx2	0.6026	48	15	31	3,766	0.73	2,757 20
536		Plx3	0.7340	42	23	38	4,871	0.78	3,787 23
536		Plx4	2.2757	5	4	10	14,368	0.71	10,214 78
538	Admission For Dialysis (MNRH)		0.7031	1	1	4	4,960	0.57	2,823 19
538		Plx1	0.4729	1	1	2	3,401	0.59	2,012 18
538		Plx2	1.1911			1	8,771		7
538		Plx3	0.5793			1	4,266		2
538		Plx4							
550	Major Pelvic And Retroperitoneum Procedures		2.6619	4	3	5	18,218	0.76	13,774 22
550		Plx1	1.5651	3	3	4	12,148	0.22	2,703 10
550		Plx2	5.8715	1	1	1	43,665		28

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2004/2005		Blended Costed Cases	Average Cost of Variation	Standard Deviation	Trim Point
					Costed Cases	Costed Cases				
550		Pix3								
550		Pix4	6.1922				1	42,499		15
551	Penis Procedures		0.5038	99	75		159	3,508	0.46	1,610
551		Pix1	0.4622	96	74		158	3,505	0.46	1,615
551		Pix2	0.9107	3	1		4	6,031	0.29	1,768
551		Pix3								
551		Pix4	11.1862				5	75,207	0.82	61,324
552	Testes Procedures		0.4286	170	115		227	2,633	0.51	1,350
552		Pix1	0.3898	159	113		224	2,627	0.52	1,353
552		Pix2	1.0547	3	1		5	7,029	0.84	5,931
552		Pix3	3.1435	2	2		4	21,915	0.89	19,476
552		Pix4	9.9520	6	5		8	64,989	1.12	72,467
554	Miscellaneous Male Reproductive System Procedures (MNRH)		0.3137	179	71		146	1,917	0.60	1,158
554		Pix1	0.2796	171	70		145	1,892	0.59	1,124
554		Pix2	1.5675	3			2	10,220	0.51	5,205
554		Pix3	0.3690				1	3,465		3
554		Pix4	6.7229	5	4		5	45,588	0.98	44,894
555	Circumcision (MNRH)		0.3843	51	8		16	2,050	0.43	884
555		Pix1	0.3408	48	8		16	2,050	0.43	884
555		Pix2	0.4842	3			1	4,547		12
555		Pix3								
555		Pix4								
560	Malignancy Of Male Reproductive Organ		1.7623	8	5		6	11,998	0.72	8,680
560		Pix1	1.0611	6	3		4	7,379	0.71	5,229
560		Pix2	1.2695	1			1	8,453		15
560		Pix3	1.4134	1	1		2	9,213	0.10	934
560		Pix4	3.0931				1	22,777		17
561	Male Reproductive System Inflammation		0.4702	108	41		84	2,861	0.70	2,010
561		Pix1	0.4168	101	37		78	2,780	0.72	2,007
561		Pix2	0.5470	5	3		5	3,221	0.30	957

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2004/2005		Average Cost of Variation	Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Blended Costed Cases				
561		Pix3	0.7178	1	1	2	4,871	0.73	3,562	14
561		Pix4	1.0489	1		1	6,984			11
562	Other Male Reproductive System Diagnoses									
562		Pix1	0.3371	13	9	16	2,212	0.77	1,698	10
562		Pix2	0.4887	1		2	2,912	0.52	1,501	10
562		Pix3								
562		Pix4	2.2880	1		2	15,026	0.07	1,013	103
563	Miscellaneous Male Reproductive System Diagnoses (MNRH)									
563		Pix1	0.3654	15	5	14	2,547	0.74	1,876	14
563		Pix2	0.2707			1	1,858			60
563		Pix3								69
563		Pix4								
575	PWS - Pelvic Exenteration									
575		Pix1	2.4945	2	1	4	17,003	0.33	5,683	34
575		Pix2	2.5558	1	1	2	18,500	0.41	7,647	17
575		Pix3	2.3027			2	15,507	0.35	5,427	10
575		Pix4	6.5628	1	1	1	47,064			45
576	PWS - Radical Hysterectomy And Vulvectomy									
576		Pix1	1.1140	80	64	142	7,884	0.31	2,450	13
576		Pix2	1.1140	68	55	118	7,483	0.29	2,172	10
576		Pix3	1.4271	6	6	9	10,021	0.29	2,860	15
576		Pix4	1.4000	2	1	10	9,287	0.34	3,139	16
576		Pix4	5.2060	4	4	7	37,264	0.67	25,142	106
577	Major Gynecological Procedures For Ovarian Or Adnexal Malignancy									
577		Pix1	1.3035	240	199	379	8,287	0.50	4,135	16
577		Pix2	1.0908	174	146	278	7,223	0.40	2,914	15
577		Pix3	1.2763	22	18	36	8,820	0.37	3,300	17
577		Pix4	1.6022	26	23	40	11,160	0.25	2,805	20
577		Pix4	2.9030	18	16	33	19,749	0.64	12,604	48
578	Major Gynecological Procedures For Malignancy Except Ovarian Or Adnexal									
578		Pix1	0.9343	388	300	590	5,747	0.40	2,277	9
578		Pix2	0.8385	338	269	527	5,455	0.38	2,098	9
578		Pix2	1.1282	17	16	37	7,672	0.28	2,159	11

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005				Blended			
			SWRV	Activity	Costed Cases	Costed Cases	Average Coefficient	Cost of Variation	Standard Deviation	Trim Point
578		Pix3	1.4755	22	14	28	10,219	0.39	3,990	18
578		Pix4	2.3718	11	8	15	16,588	0.58	9,694	47
579	Major Uterine And Adnexal Procedures Without Malignancy		0.7125	6,016	4,080	8,286	4,147	0.37	1,532	8
579		Pix1	0.6479	5,818	3,975	8,041	4,083	0.36	1,460	8
579		Pix2	1.0121	101	70	148	6,483	0.42	2,693	13
579		Pix3	1.1738	75	45	112	7,560	0.44	3,295	16
579		Pix4	1.6159	22	13	36	10,316	0.69	7,157	19
581	Reconstructive Gynecological Procedures		0.6390	1,262	832	1,713	3,801	0.44	1,680	8
581		Pix1	0.5902	1,238	818	1,686	3,778	0.45	1,702	10
581		Pix2	1.1589	13	10	27	7,796	0.33	2,573	16
581		Pix3	1.2907	5	4	17	8,379	0.51	4,295	20
581		Pix4	1.6810	6	5	8	10,794	0.39	4,239	23
582	Other Gynecological Procedures		0.7193	138	75	156	4,401	0.68	3,004	11
582		Pix1	0.6207	122	67	144	4,092	0.64	2,637	10
582		Pix2	0.7105	6	3	5	4,554	0.28	1,294	18
582		Pix3	1.5230	5	4	6	9,801	0.60	5,923	19
582		Pix4	1.6477	5	4	5	11,608	0.11	1,312	22
583	Radio-Implant For Malignancy		0.4722	60	23	51	3,329	0.26	861	8
583		Pix1	0.4601	54	22	50	3,355	0.25	849	8
583		Pix2		1						8
583		Pix3		2						28
583		Pix4	0.8325	3	2	2	5,849	0.93	5,422	25
584	Vagina, Cervix And Vulva Procedures		0.5513	290	203	350	3,202	0.45	1,448	7
584		Pix1	0.5078	284	201	345	3,176	0.45	1,428	7
584		Pix2	0.8641	3	2	5	5,796	0.62	3,613	23
584		Pix3	1.3342	3	2	3	9,008	0.13	1,145	17
584		Pix4								
585	Gynecological Laparoscopy (MNRH)		0.4023	46	19	37	2,339	0.48	1,130	7
585		Pix1	0.3585	46	19	36	2,296	0.49	1,115	7
585		Pix2	0.7946			1	3,882			5

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2004/2005		Blended Costed Cases	Average Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Cost				
585		Pix3								3
585		Pix4								
586	Tubal Interruption (MNRH)		0.3955	46	6	16	2,316	0.56	1,301	4
586		Pix1	0.3504	45	5	15	2,249	0.59	1,317	4
586		Pix2	0.5203	1	1	1	3,330			3
586		Pix3								
586		Pix4								
587	Miscellaneous Gynecological Procedures (MNRH)		0.2317	411	299	533	1,368	0.54	743	4
587		Pix1	0.2113	399	297	529	1,354	0.53	719	4
587		Pix2	0.5973	5	3	5	4,209	0.66	2,757	21
587		Pix3	2.0003	4	2	5	13,628	0.66	8,963	70
587		Pix4	5.8523	3	3	5	37,990	0.60	22,758	53
592	Malignancy Of Female Reproductive Organ		1.0587	159	75	145	6,525	0.87	5,701	36
592		Pix1	0.6872	104	41	77	4,485	0.74	3,309	28
592		Pix2	1.0741	33	18	41	6,958	0.81	5,656	36
592		Pix3	1.2967	11	8	15	8,716	0.55	4,836	46
592		Pix4	2.5985	11	9	13	17,140	0.62	10,691	72
594	Female Reproductive System Infection		0.4053	181	78	156	2,404	0.64	1,546	8
594		Pix1	0.3689	177	76	151	2,365	0.66	1,551	8
594		Pix2	1.0150	3	2	6	6,583	0.54	3,573	26
594		Pix3	0.4520	1	1	3	3,149	0.45	1,407	5
594		Pix4								1
595	Other Female Reproductive System Diagnoses And Injuries		0.2476	15	5	15	1,467	0.69	1,016	7
595		Pix1	0.2072	12	4	12	1,365	0.70	961	7
595		Pix2	0.2906	1	1	4	1,890	0.74	1,394	4
595		Pix3	0.8528	2	2	3	5,469	0.43	2,328	11
595		Pix4								
596	Miscellaneous Gynecological Diagnoses (MNRH)		0.3120	515	238	486	1,845	0.79	1,456	7
596		Pix1	0.2827	496	230	471	1,804	0.80	1,436	7
596		Pix2	0.5300	14	7	12	3,452	0.57	1,953	10

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	2004/2005				Blended			
				Activity	Costed		Average Cost of Variation	Coefficient of Variation	Standard Deviation	Trim Point	
					Cases	Cases					
596		Pix3	0.4724	5	2	5	3,071	0.33	1,023	16	
596		Pix4								93	
599	Premature Labour		0.4220	535	333	671	2,497	0.69	1,716	10	
599		Pix9	0.3956	535	333	671	2,497	0.69	1,716	10	
600	Major Procedures In Pregnancy Or Childbirth		0.9977	202	155	275	5,934	0.64	3,775	12	
600		Pix9	0.9238	202	155	275	5,934	0.64	3,775	12	
601	Repeat Caesarean Delivery With Complicating Diagnosis		0.6167	1,201	844	1,598	3,662	0.35	1,280	6	
601		Pix9	0.5711	1,201	844	1,598	3,662	0.35	1,280	6	
602	Caesarean Delivery With Complicating Diagnosis		0.7710	3,091	2,133	4,139	4,573	0.50	2,308	9	
602		Pix9	0.7152	3,091	2,133	4,139	4,573	0.50	2,308	9	
603	Repeat Caesarean Delivery		0.5063	2,500	1,571	3,063	2,968	0.29	866	5	
603		Pix9	0.4669	2,500	1,571	3,063	2,968	0.29	866	5	
604	Caesarean Delivery		0.6468	3,267	2,230	4,447	3,773	0.28	1,072	6	
604		Pix9	0.5960	3,267	2,230	4,447	3,773	0.28	1,072	6	
605	Fetal Surgery		0.6237	5	5	7	3,660	0.70	2,552	7	
605		Pix9	0.5876	5	5	7	3,660	0.70	2,552	7	
606	Vaginal Delivery With Sterilization Procedures		0.5754	105	9	28	3,312	0.39	1,297	5	
606		Pix9	0.5269	105	9	28	3,312	0.39	1,297	5	
607	Vaginal Delivery With Minor Procedures		0.5259	251	130	248	3,009	0.51	1,529	5	
607		Pix9	0.4852	251	130	248	3,009	0.51	1,529	5	
608	Vaginal Delivery After Caesarean (VBAC) With Complicating Diagnosis		0.4119	433	277	544	2,445	0.38	937	4	
608		Pix9	0.3820	433	277	544	2,445	0.38	937	4	
609	Vaginal Delivery With Complicating Diagnosis		0.4288	11,200	7,793	15,318	2,532	0.50	1,258	7	
609		Pix9	0.3971	11,200	7,793	15,318	2,532	0.50	1,258	7	
610	Vaginal Delivery After Caesarean Delivery (VBAC)		0.3642	678	390	838	2,146	0.41	886	4	
610		Pix9	0.3367	678	390	838	2,146	0.41	886	4	
611	Vaginal Delivery		0.3375	17,314	10,012	20,220	1,970	0.45	886	4	
611		Pix9	0.3110	17,314	10,012	20,220	1,970	0.45	886	4	
612	Ectopic Pregnancy With Major Procedures		0.7046	130	80	167	4,111	0.48	1,983	8	

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2004/2005		Blended		Average Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Costed Cases	Costed Cases	Costed Cases			
612		Pix9	0.6524	130	80	167	4,111	0.48	1,983	8	
613	Ectopic Pregnancy With Minor Procedures		0.4089	311	235	493	2,421	0.35	856	4	
613		Pix9	0.3780	311	235	493	2,421	0.35	856	4	
614	Ectopic Pregnancy		0.1209	97	54	111	684	0.70	481	1	
614		Pix9	0.1120	97	54	111	684	0.70	481	1	
615	Threatened Abortion		0.1801	175	49	98	1,029	0.58	592	4	
615		Pix9	0.1663	175	49	98	1,029	0.58	592	4	
616	Abortive Outcome With Injection		0.2938	18	12	34	1,675	0.60	1,007	4	
616		Pix9	0.2755	18	12	34	1,675	0.60	1,007	4	
617	Abortive Outcome With D And C		0.1735	1,681	1,014	2,078	1,016	0.44	447	1	
617		Pix9	0.1595	1,681	1,014	2,078	1,016	0.44	447	1	
618	Abortive Outcome		0.2125	566	181	350	1,298	0.78	1,009	1	
618		Pix9	0.1990	566	181	350	1,298	0.78	1,009	1	
619	False Labour LOS < 3 Days (MNRH)		0.1465	1,146	389	774	868	0.59	512	1	
619		Pix9	0.1359	1,146	389	774	868	0.59	512	1	
620	Post-Partum Diagnosis With Procedures Other Than D And C		0.7422	34	19	35	4,451	0.80	3,557	13	
620		Pix9	0.6843	34	19	35	4,451	0.80	3,557	13	
621	Post-Partum Diagnosis With D And C		0.2383	181	112	243	1,377	0.57	778	4	
621		Pix9	0.2186	181	112	243	1,377	0.57	778	4	
622	Post-Partum Diagnosis		0.3109	805	410	854	1,867	0.89	1,664	7	
622		Pix9	0.2891	805	410	854	1,867	0.89	1,664	7	
623	Antepartum Diagnosis With Complicating Diagnosis		0.3468	1,365	652	1,362	2,057	0.83	1,702	10	
623		Pix9	0.3227	1,365	652	1,362	2,057	0.83	1,702	10	
624	Antepartum Diagnosis		0.2383	2,409	944	1,797	1,405	0.65	910	4	
624		Pix9	0.2214	2,409	944	1,797	1,405	0.65	910	4	
625	PWS - Neonates Weight < 750 Grams		2.2126	174	31	110	14,009	1.63	22,799	33	
625		Pix9	2.1013	174	31	110	14,009	1.63	22,799	33	
626	PWS - Neonates Weight 750-999 Grams		12.4033	90	82	190	78,560	0.81	63,825	169	
626		Pix9	11.7848	90	82	190	78,560	0.81	63,825	169	

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2004/2005		Blended Costed Cases	Average Cost of Variation	Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Costed Cases					
627	PWS - Neonates Weight 1000-1499 gm With Catastrophic Diagnosis		8.8359	2	2	6	58,354	0.68		39,514	114
627		Pix9	8.4564	2	2	6	58,354	0.68		39,514	114
628	PWS - Neonates Weight 1000-1499 gm Without Catastrophic Diagnosis		6.4114	393	354	712	39,409	0.85		33,662	98
628		Pix9	6.0276	393	354	712	39,409	0.85		33,662	98
630	PWS - Neonates Weight 1500-1999 gm With Catastrophic Diagnosis		8.5190	1	1	5	51,355	0.66		33,811	62
630		Pix9	8.0552	1	1	5	51,355	0.66		33,811	62
631	Neonates Weight 1500-1999 gm With Major Problem Diagnosis		4.4348	185	165	389	27,713	0.89		24,689	69
631		Pix9	4.1597	185	165	389	27,713	0.89		24,689	69
632	Neonates Weight 1500-1999 gm With Mod Or Minor Or No Problem Diagnosis		2.4546	644	538	1,091	14,654	0.72		10,586	48
632		Pix9	2.2760	644	538	1,091	14,654	0.72		10,586	48
636	PWS - Neonates Weight 2000-2499 gm With Catastrophic Diagnosis		3.7332	4	4	5	24,652	0.64		15,770	48
636		Pix9	3.5199	4	4	5	24,652	0.64		15,770	48
637	Neonates Weight 2000-2499 gm With Major Problem Diagnosis		2.8616	237	203	366	18,484	1.15		21,200	45
637		Pix9	2.6753	237	203	366	18,484	1.15		21,200	45
638	Neonates Weight 2000-2499 gm With Moderate Problem Diagnosis		1.7708	281	221	454	11,038	0.89		9,878	34
638		Pix9	1.6459	281	221	454	11,038	0.89		9,878	34
639	Neonates Weight 2000-2499 gm With Minor Problem Diagnosis		0.8614	1,264	972	1,979	5,102	0.99		5,054	20
639		Pix9	0.7976	1,264	972	1,979	5,102	0.99		5,054	20
640	Neonates Weight 2000-2499 gm With No Problem Diagnosis		0.1745	283	193	408	1,024	0.57		585	4
640		Pix9	0.1610	283	193	408	1,024	0.57		585	4
643	PWS - Neonates Weight > 2500 gm With Catastrophic Diagnosis		3.6401	28	23	48	24,288	1.21		29,306	30
643		Pix9	3.4092	28	23	48	24,288	1.21		29,306	30
644	Neonates Weight > 2500 gm With Major Problem Diagnosis		1.7943	863	581	1,182	11,812	1.25		14,706	20
644		Pix9	1.6732	863	581	1,182	11,812	1.25		14,706	20
645	Neonates Weight > 2500 gm With Moderate Problem Diagnosis		0.6648	1,952	1,281	2,562	4,231	1.32		5,602	11
645		Pix9	0.6177	1,952	1,281	2,562	4,231	1.32		5,602	11
646	Neonates Weight > 2500 gm With Caesarian Delivery		0.2547	8,443	5,584	10,890	1,488	0.42		618	5
646		Pix9	0.2350	8,443	5,584	10,890	1,488	0.42		618	5
647	Neonates Weight > 2500 gm With Minor Problem Diagnosis		0.3356	3,013	1,930	3,840	2,104	1.07		2,253	7

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2004/2005		Average Cost of Variation	Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Blended Costed Cases				
647		Pix9	0.3106	3,013	1,930	3,840	2,104	1.07	2,253	7
648	Neonates Weight > 2500 gm (Normal Newborn)		0.1293	26,742	16,875	33,661	754	0.62	464	4
648		Pix9	0.1191	26,742	16,875	33,661	754	0.62	464	4
650	PWS - Tracheostomy And Gastrostomy Procedures For Trauma		14.9241	138	124	237	98,427	0.56	55,445	134
650		Pix1	3.7432	5	4	10	25,216	0.54	13,677	52
650		Pix2	6.6526	5	4	8	46,184	0.37	16,939	53
650		Pix3	8.2880	6	5	7	56,997	0.53	30,414	157
650		Pix4	15.0493	122	110	211	105,426	0.51	54,209	139
651	PWS - Intracranial Procedures With Spinal Procedures For Trauma		4.1206	1	1	5	27,126	0.28	7,481	40
651		Pix9	4.0259	1	1	5	27,126	0.28	7,481	40
652	PWS - Intracranial Procedures With Femur Procedures For Trauma		12.4870	2	2	5	87,616	0.48	41,939	72
652		Pix9	11.7647	2	2	5	87,616	0.48	41,939	72
653	PWS - Intracranial Or Femur Procedures With Thoraco-Abdominal Procedures For Trauma		5.9657	17	13	30	40,106	0.81	32,464	95
653		Pix9	5.6206	17	13	30	40,106	0.81	32,464	95
654	PWS - Intracranial Procedures W Wound Debridement Or Lower Extremity Proc For Trauma		4.3252	6	3	9	27,718	0.69	19,099	33
654		Pix9	4.1082	6	3	9	27,718	0.69	19,099	33
655	PWS - Spinal Procedures With Femur Procedures For Trauma		8.0475	6	6	11	54,737	0.84	45,779	71
655		Pix9	7.6934	6	6	11	54,737	0.84	45,779	71
656	PWS - Spinal Procedures With Thoraco-Abdominal Procedures For Trauma		6.7962	3	3	5	43,744	0.50	21,888	56
656		Pix9	6.4421	3	3	5	43,744	0.50	21,888	56
657	PWS - Spinal Procedures With Wound Debridement Or Lower Extremity Proc For Trauma		4.8578	11	10	35	31,535	0.71	22,427	49
657		Pix9	4.5945	11	10	35	31,535	0.71	22,427	49
658	Femur Procedures With Wound Debridement Or Lower Extremity Proc For Trauma		4.6562	91	78	143	30,759	0.74	22,824	50
658		Pix9	4.3752	91	78	143	30,759	0.74	22,824	50
659	Thoraco-Abdominal Proc W Wound Debridement Or Lower Extremity Proc For Trauma		6.9305	19	15	28	45,674	0.70	31,925	76

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2004/2005		Blended Costed Cases	Average Cost of Variation	Coefficient	Standard Deviation	Trim Point
					Costed Cases	Costed					
659		Pix9	6.5669	19	15	28	45,674	0.70		31,925	76
660	PWS - Intracranial Procedures For Trauma		2.7809	168	150	292	18,685	0.87		16,309	27
660		Pix1	1.3724	94	87	156	9,815	0.75		7,329	15
660		Pix2	2.4801	22	21	42	17,933	0.59		10,612	24
660		Pix3	3.3597	12	12	21	25,093	0.56		14,097	37
660		Pix4	6.0031	40	34	79	42,159	0.50		20,872	60
661	PWS - Spinal Procedures For Trauma		2.9995	116	104	215	20,069	0.78		15,647	36
661		Pix1	2.0174	68	59	121	14,375	0.60		8,650	23
661		Pix2	2.9949	29	25	45	20,886	0.62		12,866	34
661		Pix3	4.3777	7	7	16	29,859	0.97		29,032	63
661		Pix4	5.6831	12	10	28	40,197	0.64		25,812	64
662	Femur Or Pelvic Procedures For Trauma		1.7947	1,797	1,139	2,397	11,326	0.60		6,803	35
662		Pix1	1.3184	1,313	801	1,657	8,982	0.43		3,885	23
662		Pix2	2.2154	276	184	398	14,875	0.51		7,655	46
662		Pix3	2.8141	110	70	167	18,797	0.60		11,251	65
662		Pix4	3.9912	98	69	166	26,990	0.66		17,701	89
663	Thoraco-Abdominal Procedures For Trauma		1.7386	247	175	361	11,520	0.73		8,460	20
663		Pix1	1.2736	152	109	219	8,778	0.47		4,131	14
663		Pix2	1.6869	40	30	62	11,846	0.63		7,509	25
663		Pix3	2.4190	24	20	40	17,451	0.66		11,574	29
663		Pix4	6.3477	31	23	59	45,572	0.95		43,110	57
664	Wound Debridement And Skin Graft For Trauma		2.2018	334	261	490	14,406	0.89		12,868	36
664		Pix1	1.5502	279	212	391	10,794	0.74		8,037	29
664		Pix2	3.0823	31	26	45	21,455	0.50		10,653	44
664		Pix3	4.4352	16	15	31	30,940	0.61		18,836	79
664		Pix4	6.7160	8	7	24	47,388	0.56		26,327	72
665	PWS - Elevated Skull Fractures		1.6624	15	14	29	11,197	0.67		7,474	17
665		Pix1	1.2277	10	10	21	8,944	0.67		5,951	15
665		Pix2	2.6250	5	5	8	18,800	0.51		9,637	32
665		Pix3	2.6095			1	17,910				10

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2004/2005		Average Coefficient	Standard Deviation	Trim Point
					Costed Cases	Blended Costed Cases			
665		Plx4	5.9737			1	40,999		18
666	Major Lower Extremity Procedures For Trauma		0.7513	3,506	1,838	3,921	4,772	0.55	2,608
666		Plx1	0.6835	3,280	1,779	3,794	4,653	0.53	2,459
666		Plx2	2.0203	139	107	220	13,980	0.60	8,412
666		Plx3	2.4565	50	35	74	16,682	0.55	9,140
666		Plx4	5.4563	37	27	45	36,834	0.64	23,539
667	Minor Lower Extremity Procedures For Trauma		0.7098	64	38	84	4,551	0.67	3,052
667		Plx1	0.6474	62	37	83	4,489	0.67	3,018
667		Plx2	2.5118	2	1	5	16,823	0.36	6,018
667		Plx3							
667		Plx4	4.1098			2	28,486	0.25	7,201
668	Miscellaneous Musculoskeletal Procedures For Trauma		0.8220	519	417	844	5,271	0.55	2,887
668		Plx1	0.7461	476	400	805	5,088	0.52	2,650
668		Plx2	1.7545	31	29	55	12,147	0.65	7,933
668		Plx3	3.0181	2	2	6	23,741	0.36	8,445
668		Plx4	4.1926	10	8	10	31,263	0.26	7,980
669	Vascular Repair For Trauma		0.9049	98	69	167	5,720	0.72	4,117
669		Plx1	0.7852	90	62	151	5,299	0.71	3,758
669		Plx2	1.5711	6	5	7	10,062	0.55	5,509
669		Plx3	2.1605	1	1	7	15,109	0.64	9,641
669		Plx4	1.2442	1	1	4	8,695	0.31	2,736
670	Upper Extremity Procedures For Trauma		0.5507	2,596	1,378	3,160	3,534	0.59	2,102
670		Plx1	0.4616	2,506	1,264	2,925	3,214	0.50	1,591
670		Plx2	1.4099	73	56	103	9,730	0.62	6,011
670		Plx3	1.7916	11	7	18	12,810	0.65	8,363
670		Plx4	3.9117	6	6	16	26,952	0.68	18,216
674	PWS - Intracranial Injuries With Spinal Injuries		2.1249	32	28	52	13,995	0.66	9,270
674		Plx9	2.0148	32	28	52	13,995	0.66	9,270
675	PWS - Intracranial Injuries With Fractures Of Femur Or Pelvis		1.5871	17	14	20	11,490	0.79	9,068

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005				Blended Costed Cases	Average Cost of Variation	Coefficient of Variation	Standard Deviation	Trim Point
			SVRV	Activity	Costed Cases	Costed Cases					
675		Pix9	1.4829	17	14	20	11,490	0.79	0.79	9,068	31
676	PWS - Intracranial Injuries With Thoraco-Abdominal Injuries		2.3509	48	42	77	15,703	1.04	1.04	16,377	35
676		Pix9	2.2145	48	42	77	15,703	1.04	1.04	16,377	35
677	Spinal Injuries With Fractures Of Femur		1.3269	63	48	106	8,590	0.88	0.88	7,538	34
677		Pix9	1.2530	63	48	106	8,590	0.88	0.88	7,538	34
678	Spinal Injuries With Thoraco-Abdominal Injuries		1.6954	99	66	147	11,184	0.93	0.93	10,433	23
678		Pix9	1.6075	99	66	147	11,184	0.93	0.93	10,433	23
679	Fractures Of Femur With Thoraco-Abdominal Injuries		1.1985	48	34	61	7,778	0.63	0.63	4,914	27
679		Pix9	1.1304	48	34	61	7,778	0.63	0.63	4,914	27
680	Femur Or Pelvic Fractures And Dislocations		1.2511	859	333	677	7,647	0.96	0.96	7,349	44
680		Pix1	0.9145	682	241	487	6,056	0.92	0.92	5,541	37
680		Pix2	1.7437	97	57	110	11,344	0.89	0.89	10,149	71
680		Pix3	2.1086	45	24	52	13,575	0.82	0.82	11,131	66
680		Pix4	3.3641	35	21	36	22,969	0.98	0.98	22,475	116
681	Frostbite		1.8942	34	14	29	12,559	0.91	0.91	11,453	50
681		Pix1	1.4213	25	9	22	9,970	0.92	0.92	9,174	46
681		Pix2	3.1313	3		2	22,829	1.15	1.15	26,170	67
681		Pix3	1.3560	5	3	4	9,702	0.63	0.63	6,123	81
681		Pix4	4.4910	1	1	1	32,207				19
682	Spinal Injuries		0.7730	716	369	707	4,998	0.92	0.92	4,604	26
682		Pix1	0.6177	574	302	577	4,260	0.79	0.79	3,362	20
682		Pix2	0.9045	103	47	85	6,306	0.93	0.93	5,878	39
682		Pix3	1.7226	28	14	27	12,276	0.71	0.71	8,679	67
682		Pix4	3.7450	11	9	27	24,516	0.78	0.78	19,181	111
683	Intracranial Injuries		0.9480	450	347	653	6,407	1.17	1.17	7,492	20
683		Pix1	0.6612	335	254	484	4,747	1.08	1.08	5,111	14
683		Pix2	1.0299	21	17	30	7,005	0.81	0.81	5,707	26
683		Pix3	1.1452	64	51	89	8,318	1.03	1.03	8,564	27
683		Pix4	3.3736	30	28	55	24,040	0.66	0.66	15,833	60

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005				Average Coefficient	Standard Deviation	Im Point
			Activity	Costed Cases	Blended Costed Cases	Cost of Variation			
684	Fracture Of Humerus		0.9363	248	87	184	5,759	1.13	6,534
684		Pix1	0.5688	200	66	146	3,661	1.04	3,789
684		Pix2	2.1640	29	13	22	13,916	0.68	9,403
684		Pix3	1.4432	13	3	6	9,755	0.58	5,679
684		Pix4	2.3998	6	4	8	16,780	0.62	10,463
685	Hip And Thigh Injuries		0.8021	178	42	71	4,840	0.73	3,529
685		Pix1	0.6633	154	35	61	4,288	0.62	2,659
685		Pix2	2.5175	18	8	12	16,516	0.89	14,686
685		Pix3	3.3968	6	1	5	22,219	0.44	9,846
685		Pix4	2.3020			2	15,329	0.38	5,798
686	Major Nerve Injuries		1.5590	6	3	12	10,137	0.65	6,545
686		Pix1	1.5636	6	3	11	10,793	0.60	6,437
686		Pix2							7
686		Pix3	1.5000			2	10,128	1.01	10,198
686		Pix4							25
687	Thoraco-Abdominal Injuries		0.7916	1,008	566	1,093	5,207	0.89	4,621
687		Pix1	0.6204	850	486	922	4,365	0.76	3,335
687		Pix2	1.0318	89	46	90	7,135	0.65	4,635
687		Pix3	1.6883	40	22	51	11,998	0.68	8,102
687		Pix4	2.9044	29	13	40	20,202	0.63	12,822
688	Weight Bearing Injuries		0.4714	691	273	540	2,939	0.99	2,922
688		Pix1	0.3211	630	233	462	2,181	0.82	1,795
688		Pix2	1.2702	34	22	41	8,252	0.72	5,906
688		Pix3	2.4496	21	10	18	16,140	0.89	14,428
688		Pix4	3.2415	6	5	13	21,770	0.74	16,135
689	Genito-Urinary Injuries		0.5333	101	64	114	3,383	0.78	2,641
689		Pix1	0.4613	83	52	98	3,139	0.75	2,359
689		Pix2	0.7529	15	10	14	5,020	0.82	4,136
689		Pix3	1.2887	3	3	5	9,350	0.83	7,714
689		Pix4	3.8758			5	25,456	0.68	17,263

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2004/2005		Average Cost of Variation	Coefficient	Standard Deviation	Trim Point
					Costed Cases	Blended Costed Cases				
690	Crushing Injuries And Contusions		0.4538	392	88	172	2,872	0.97	2,799	13
690		Pix1	0.3603	345	76	153	2,448	0.89	2,171	10
690		Pix2	1.0707	27	6	7	6,729	0.93	6,281	39
690		Pix3	1.0833	16	5	10	6,785	0.66	4,471	46
690		Pix4	1.2963	4	2	3	8,686	0.62	5,366	32
691	Minor Lower Extremity Fractures		0.3819	50	22	42	2,370	0.58	1,371	13
691		Pix1	0.3297	48	21	38	2,214	0.60	1,323	10
691		Pix2	0.4989	1	1	3	3,430	0.10	332	7
691		Pix3	0.8467	1		1	5,638			18
691		Pix4								
692	Wounds		0.4218	1,092	618	1,157	2,636	0.66	1,740	7
692		Pix1	0.3836	1,041	601	1,121	2,576	0.63	1,615	7
692		Pix2	0.7957	20	10	23	5,629	1.01	5,664	29
692		Pix3	0.8579	24	13	21	5,940	0.56	3,325	15
692		Pix4	2.7520	7	6	13	18,374	1.09	19,991	41
693	Amputations Or Vascular And Other Nerve Injuries		0.4890	172	105	201	3,106	0.79	2,445	4
693		Pix1	0.4509	159	102	196	3,072	0.79	2,441	4
693		Pix2	0.7959	5	2	5	5,325	0.81	4,287	10
693		Pix3	1.4362	6	3	6	9,969	0.58	5,773	19
693		Pix4	4.7545	2	1	3	34,878	0.73	25,429	46
694	Facial Injuries		0.4658	327	205	398	3,038	0.73	2,203	7
694		Pix1	0.4208	316	200	388	2,938	0.64	1,885	7
694		Pix2	1.0814	7	5	10	7,396	0.68	5,036	20
694		Pix3	0.5896	1	1	5	4,110	0.60	2,465	8
694		Pix4	2.4999	3	3	4	17,906	0.79	14,213	23
695	Other Cranial Injuries		0.4504	1,016	346	664	3,098	0.94	2,918	7
695		Pix1	0.2910	891	238	467	2,131	0.77	1,644	4
695		Pix2	0.8294	47	29	48	5,877	0.70	4,092	17
695		Pix3	0.8273	52	44	79	6,163	0.92	5,662	16
695		Pix4	2.5595	26	22	47	18,161	0.95	17,318	46

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005				Blended				Average Cost of Variation	Coefficient	Standard Deviation	Trim Point
			SWRV	Activity	Costed Cases	Costed	Costed Cases	Costed	Costed Cases	Costed				
696	Upper Extremity Fractures		0.3297	831	243	497	2,054	0.69	1,414	4				
696		P1x1	0.2984	772	234	483	2,019	0.68	1,370	4				
696		P1x2	1.1241	44	25	38	7,530	0.65	4,902	31				
696		P1x3	1.5414	11	6	16	10,072	0.87	8,773	37				
696		P1x4	3.5397	4		5	23,528	0.46	10,857	136				
700	PWS - Bone Marrow Transplant		7.7469	199	144	296	56,445	0.52	29,142	62				
700		P1x1	4.6407	22	9	26	35,112	0.44	15,539	54				
700		P1x2	5.8928	8	4	15	43,162	0.35	15,293	42				
700		P1x3	6.4841	14	7	19	51,635	0.35	18,328	52				
700		P1x4	7.9309	155	124	237	60,387	0.51	30,841	69				
701	Splenectomy		1.3760	78	60	136	8,879	0.55	4,874	20				
701		P1x1	1.1343	61	48	119	7,938	0.41	3,224	14				
701		P1x2	1.9800	9	9	12	13,740	0.54	7,386	34				
701		P1x3	1.5581	3	1	5	11,336	0.46	5,221	25				
701		P1x4	6.5925	5	3	5	47,118	0.48	22,629	97				
703	Other O.R. Procedures Of Blood And Blood-Forming Organs		1.1394	119	84	170	7,862	0.97	7,633	22				
703		P1x1	0.7816	87	67	137	5,791	0.79	4,598	16				
703		P1x2	2.3363	9	8	17	16,413	0.74	12,066	27				
703		P1x3	2.3032	8	7	12	16,363	0.62	10,179	46				
703		P1x4	7.3514	15	9	16	55,279	0.63	35,016	86				
704	Red Blood Cell Disorders		0.7861	1,345	548	1,017	4,956	0.98	4,833	20				
704		P1x1	0.6020	1,014	392	759	4,097	0.84	3,444	16				
704		P1x2	0.9881	188	87	145	6,691	0.93	6,240	27				
704		P1x3	1.2344	89	51	81	8,241	0.83	6,878	31				
704		P1x4	2.3201	54	25	46	16,361	0.88	14,328	60				
709	Coagulation Disorders		0.5581	357	229	413	3,727	0.88	3,292	14				
709		P1x1	0.4493	300	193	352	3,245	0.84	2,735	13				
709		P1x2	0.9266	28	19	30	6,536	0.66	4,291	26				
709		P1x3	1.6375	20	17	30	11,619	0.93	10,748	44				
709		P1x4	2.1222	9	7	15	14,783	1.00	14,854	58				

Schedule 3 – Inpatient Statistical Background

CMQ Code	Description	Complexity Level	2004/2005				Blended			
			SWRV	Activity	Costed Cases	Costed	Costed Cases	Average Cost of Variation	Coefficient of Variation	Standard Deviation Point
710	Reticuloendothelial And Immunity Disorders		0.8781	735	318	721	6,269	0.91	5,673	17
710		Plx1	0.7024	582	256	590	5,425	0.85	4,603	14
710		Plx2	1.1584	74	37	77	9,194	0.95	8,716	18
710		Plx3	1.4659	50	17	38	11,682	0.74	8,603	25
710		Plx4	3.0469	29	17	26	23,403	0.93	21,853	60
725	Major Leukemia And Lymphoma Procedures		1.5894	182	122	245	10,438	0.84	8,750	29
725		Plx1	1.0622	134	91	182	7,456	0.51	3,772	14
725		Plx2	1.8064	20	15	28	12,379	0.66	8,164	40
725		Plx3	2.7453	8	4	12	19,269	0.69	13,310	60
725		Plx4	8.0625	20	13	33	55,399	0.71	39,390	116
726	Acute Leukemia Without Major Procedures		3.6786	204	169	400	24,993	0.96	23,883	74
726		Plx1	1.5683	101	80	167	11,484	0.96	11,017	32
726		Plx2	3.1178	12	5	19	21,101	0.93	19,675	61
726		Plx3	3.1656	25	23	60	22,546	0.69	15,511	70
726		Plx4	5.3893	66	57	146	40,241	0.68	27,219	77
728	Lymphoma And Chronic Leukemia With Other Procedures		2.1498	277	173	354	14,324	0.93	13,263	47
728		Plx1	1.1345	200	111	215	8,064	0.82	6,597	25
728		Plx2	2.3596	26	21	36	16,310	0.68	11,057	45
728		Plx3	2.4954	18	11	30	18,262	0.67	12,263	49
728		Plx4	4.9126	33	29	69	35,340	0.59	20,905	84
730	Lymphoma And Chronic Leukemia		1.6165	788	367	775	10,371	1.03	10,654	42
730		Plx1	0.9487	484	203	407	6,482	0.86	5,582	29
730		Plx2	1.4797	126	69	157	9,982	0.80	7,989	38
730		Plx3	1.6995	96	48	96	11,533	0.88	10,155	53
730		Plx4	3.9155	82	46	112	27,241	0.74	20,132	74
733	Major Ill-Defined Neoplasm Procedures		2.1825	74	60	111	14,667	0.78	11,381	41
733		Plx1	1.3482	46	40	63	9,582	0.51	4,926	19
733		Plx2	2.3060	11	7	22	16,137	0.67	10,869	48
733		Plx3	3.5504	6	3	11	25,826	0.41	10,681	63
733		Plx4	5.3685	11	10	18	38,034	0.82	31,035	110

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2004/2005		Average Cost of Variation	Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Blended Costed Cases				
734	III-Defined Neoplasm With Other Procedures		1.2876	66	40	91	8,482	0.82	6,978	29
734		P1x1	0.8439	41	26	63	6,085	0.80	4,849	16
734		P1x2	1.4183	4	2	7	9,667	0.81	7,790	46
734		P1x3	2.7629	8	6	12	18,905	0.77	14,495	83
734		P1x4	5.8231	13	12	15	41,071	1.26	51,683	101
735	PWS - Radiation Therapy		0.6439	199	153	324	4,550	0.84	3,826	28
735		P1x1	0.5148	177	137	292	3,764	0.70	2,645	19
735		P1x2	1.4537	10	9	16	10,531	0.54	5,662	31
735		P1x3	3.3657	9	6	14	24,544	0.63	15,518	75
735		P1x4	3.1520	3	3	8	23,012	0.52	12,078	82
736	Chemotherapy		0.6743	953	742	1,475	4,967	0.62	3,103	11
736		P1x1	0.6044	839	688	1,385	4,774	0.61	2,908	11
736		P1x2	1.1437	21	10	26	9,227	0.78	7,186	24
736		P1x3	1.4391	53	38	57	11,288	0.77	8,660	34
736		P1x4	2.8144	40	34	79	20,735	0.49	10,161	70
737	Other Poorly Differentiated Neoplastic Diagnoses		1.5120	175	84	183	9,529	0.72	6,892	37
737		P1x1	0.9758	97	43	87	6,605	0.66	4,388	27
737		P1x2	1.5121	44	21	48	10,182	0.70	7,154	39
737		P1x3	1.9765	19	6	20	13,173	0.72	9,439	46
737		P1x4	2.5260	15	11	27	17,046	0.60	10,148	67
750	Multisystemic Or Unspecified Site Infections With Surgery		3.8927	555	351	705	25,271	1.24	31,435	62
750		P1x1	1.2638	298	178	344	8,782	0.84	7,334	29
750		P1x2	2.4399	54	37	73	16,966	0.72	12,289	50
750		P1x3	3.0084	42	25	55	20,577	0.70	14,398	58
750		P1x4	10.2893	161	122	263	70,448	0.86	60,426	133
751	Septicemia		1.6380	927	472	996	10,113	1.22	12,307	29
751		P1x1	0.7953	463	202	413	5,352	0.88	4,697	20
751		P1x2	1.2408	141	67	139	8,406	0.89	7,522	32
751		P1x3	1.5721	143	87	161	10,347	1.04	10,783	35
751		P1x4	2.9056	180	128	302	19,266	0.96	18,585	51

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005				Blended		Average Coefficient of Variation	Standard Deviation	Trim Point
			SVRV	Activity	Costed Cases	Costed Cases					
756	Post-Operative And Post-Traumatic Infections		0.6451	697	355	680	3,978	0.75	2,987	15	
756		Pix1	0.5838	585	303	595	3,881	0.74	2,890	17	
756		Pix2	1.0445	48	24	44	6,805	0.94	6,418	28	
756		Pix3	0.7603	49	26	41	5,075	0.94	4,758	21	
756		Pix4	2.8229	15	9	21	18,700	0.93	17,369	69	
757	Viral Illness		0.4762	695	191	406	3,247	0.92	2,976	10	
757		Pix1	0.3691	644	163	338	2,728	0.72	1,955	7	
757		Pix2	0.5578	25	10	31	4,124	0.71	2,917	14	
757		Pix3	1.0160	20	15	21	7,855	0.75	5,915	24	
757		Pix4	3.3898	6	4	17	23,576	0.80	18,960	56	
761	Fever Of Unknown Origin		0.4629	575	234	433	3,071	0.68	2,095	8	
761		Pix1	0.4308	466	189	373	3,024	0.69	2,074	10	
761		Pix2	0.7359	80	48	74	5,315	0.77	4,086	15	
761		Pix3	0.7869	22	11	22	5,753	0.59	3,405	21	
761		Pix4	2.0052	7	6	8	14,977	0.52	7,826	57	
763	Other Infectious Diagnoses		1.0245	217	122	238	7,026	0.98	6,869	21	
763		Pix1	0.7187	157	87	162	5,281	0.83	4,380	17	
763		Pix2	1.0837	19	13	28	8,355	0.80	6,704	36	
763		Pix3	1.3061	21	15	29	9,513	0.95	8,999	36	
763		Pix4	3.7487	20	17	31	27,187	0.76	20,595	78	
764	Depressive Mood Disorders With ECT		3.2874	363	265	536	19,439	0.60	11,703	100	
764		Pix9	3.0314	363	265	536	19,439	0.60	11,703	100	
765	Depressive Mood Disorders Without ECT With Axis III Diagnosis		2.4569	567	215	501	15,098	0.70	10,593	82	
765		Pix9	2.2727	567	215	501	15,098	0.70	10,593	82	
766	Depressive Mood Disorders Without ECT Without Axis III Diagnosis		1.6472	2,582	937	1,912	10,067	0.75	7,564	68	
766		Pix9	1.5236	2,582	937	1,912	10,067	0.75	7,564	68	
767	Depressive Mood Disorders LOS < 6 Days		0.3884	1,175	277	582	2,406	0.57	1,379	8	
767		Pix9	0.3573	1,175	277	582	2,406	0.57	1,379	8	
768	Bipolar Mood Disorders, Manic With ECT		4.0380	37	21	41	24,129	0.68	16,355	97	

Schedule 3 -- Inpatient Statistical Background

CMG Code Description	Complexity Level	2004/2005				Blended			
		SWRV	Activity	Costed Cases	Costed Cases	Average Cost of Variation	Coefficient of Variation	Standard Deviation	Trim Point
768	Pix9	3.7293	37	21	41	24,129	0.68	16,355	97
769	Pix9	2.8260	171	97	178	16,997	0.80	13,622	89
769	Pix9	2.6145	171	97	178	16,997	0.80	13,622	89
770	Pix9	1.9739	1,120	505	1,037	11,840	0.74	8,722	78
770	Pix9	1.8255	1,120	505	1,037	11,840	0.74	8,722	78
771	Pix9	0.4014	210	78	156	2,402	0.55	1,323	10
771	Pix9	0.3711	210	78	156	2,402	0.55	1,323	10
772	Pix9	4.0086	819	350	691	23,765	0.68	16,260	135
772	Pix9	3.6982	819	350	691	23,765	0.68	16,260	135
773	Pix9	3.3105	906	276	519	19,580	0.85	16,624	167
773	Pix9	3.0324	906	276	519	19,580	0.85	16,624	167
774	Pix9	0.9410	706	373	690	5,741	1.01	5,820	41
774	Pix9	0.8776	706	373	690	5,741	1.01	5,820	41
775	Pix9	4.3198	57	38	80	26,416	0.84	22,152	138
775	Pix9	4.0069	57	38	80	26,416	0.84	22,152	138
776	Pix9	2.8557	437	252	449	17,967	0.83	14,889	109
776	Pix9	2.6652	437	252	449	17,967	0.83	14,889	109
777	Pix9	2.2251	2,573	1,305	2,561	13,706	0.83	11,338	101
777	Pix9	2.0666	2,573	1,305	2,561	13,706	0.83	11,338	101
778	Pix9	0.3898	637	249	497	2,366	0.57	1,343	8
778	Pix9	0.3616	637	249	497	2,366	0.57	1,343	8
779	Pix9	0.7004	113	56	108	4,469	0.83	3,731	26
779	Pix9	0.6514	113	56	108	4,469	0.83	3,731	26
780	Pix9	1.2016	333	160	301	7,313	1.20	8,749	33
780	Pix9	1.1175	333	160	301	7,313	1.20	8,749	33
781	Pix9	0.5772	532	202	368	3,529	0.83	2,935	20
781	Pix9	0.5333	532	202	368	3,529	0.83	2,935	20
783	Pix9	0.9186	1,260	491	889	5,660	0.93	5,289	35
783	Pix9	0.8466	1,260	491	889	5,660	0.93	5,289	35

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005				Blended		Average Coefficient of Variation	Standard Deviation	Trim Point
			SWRV	Activity	Costed Cases	Costed Cases					
784	Psychoactive Substance Abuse		0.5650	1,238	423	760	3,411	0.79	2,693	19	
784		Pix9	0.5181	1,238	423	760	3,411	0.79	2,693	19	
785	Developmental Delay		2.3937	108	69	123	15,559	0.92	14,340	100	
785		Pix9	2.2051	108	69	123	15,559	0.92	14,340	100	
786	Disruptive Behaviour Disorders		2.0555	384	240	435	14,031	0.98	13,817	77	
786		Pix9	1.8890	384	240	435	14,031	0.98	13,817	77	
787	Eating Disorders		2.3485	183	132	236	16,462	0.83	13,613	85	
787		Pix9	2.1895	183	132	236	16,462	0.83	13,613	85	
788	Organic Mental Disorders Associated W Physical Disorders W Axis III Diagnosis		2.3399	285	172	339	14,203	0.92	13,048	99	
788		Pix9	2.1671	285	172	339	14,203	0.92	13,048	99	
789	Organic Mental Disorders Associated W Physical Disorders W/O Axis III Diagnosis		1.7665	316	152	268	10,730	1.02	10,966	98	
789		Pix9	1.6300	316	152	268	10,730	1.02	10,966	98	
790	Somatoform Disorders		0.6064	81	30	56	3,918	0.77	3,006	25	
790		Pix9	0.5644	81	30	56	3,918	0.77	3,006	25	
791	Anxiety Disorders (MNRH)		1.0950	667	186	353	6,735	0.87	5,852	38	
791		Pix9	1.0140	667	186	353	6,735	0.87	5,852	38	
792	Adjustment Disorders (MNRH)		0.4918	2,216	1,347	2,729	2,985	0.71	2,129	17	
792		Pix9	0.4523	2,216	1,347	2,729	2,985	0.71	2,129	17	
793	Personality Disorders With Axis III Diagnosis (MNRH)		1.1547	74	47	94	7,144	1.09	7,797	47	
793		Pix9	1.0737	74	47	94	7,144	1.09	7,797	47	
794	Personality Disorders Without Axis III Diagnosis (MNRH)		0.4948	583	373	713	2,957	0.71	2,105	17	
794		Pix9	0.4559	583	373	713	2,957	0.71	2,105	17	
795	Sexual Dysfunction And Sexual Disorders (MNRH)		2.0129	48	10	25	12,164	0.58	7,034	644	
795		Pix9	1.8518	48	10	25	12,164	0.58	7,034	644	
796	Specific Developmental Disorders (MNRH)		1.9168	13	9	20	13,171	0.78	10,272	54	
796		Pix9	1.7717	13	9	20	13,171	0.78	10,272	54	
797	Miscellaneous Psychiatric Diagnoses (MNRH)		1.3501	98	38	79	8,693	1.16	10,117	78	

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005				Blended				Average Coefficient Cost of Variation	Standard Deviation	Trim Point
			SWRV	Activity	Costed Cases	Costed Cases	Costed Cases	Costed Cases	Costed Cases	Costed Cases			
797		Pix9	1.2323	98	38	79	8,693	1.16	10,117	78			
803	Extensive Procedures For Injury Or Complication Of Treatment		2.8002	359	256	562	17,911	0.93	16,605	50			
803		Pix1	1.5586	202	150	331	10,687	0.64	6,883	24			
803		Pix2	2.4654	42	31	61	17,051	0.68	11,607	35			
803		Pix3	3.2978	42	31	62	22,187	0.60	13,298	50			
803		Pix4	10.8232	73	52	135	74,268	0.99	73,528	152			
804	Non-Extensive Procedures For Injury Or Complication Of Treatment		0.9109	998	690	1,328	5,849	1.02	5,993	19			
804		Pix1	0.6490	836	593	1,123	4,430	0.86	3,814	13			
804		Pix2	1.7502	73	56	116	12,031	0.68	8,168	37			
804		Pix3	2.3257	44	27	58	16,239	0.53	8,593	46			
804		Pix4	6.9332	45	37	82	47,703	0.95	45,187	98			
805	MNRH Procedures For Injury Or Complication Of Treatment		0.6977	229	124	261	4,415	0.80	3,525	13			
805		Pix1	0.5663	200	109	233	3,815	0.79	3,007	10			
805		Pix2	1.6793	15	6	11	11,125	0.71	7,944	28			
805		Pix3	1.7047	10	7	10	11,308	0.35	3,958	44			
805		Pix4	6.1847	4	3	7	45,270	0.48	21,776	101			
811	Allergic Reaction		0.3319	168	49	98	2,129	0.93	1,986	4			
811		Pix1	0.2795	158	45	90	1,977	0.85	1,676	4			
811		Pix2	0.2898	4	2	3	1,884	0.49	915	6			
811		Pix3	0.8128	5	3	6	5,332	0.79	4,238	9			
811		Pix4	1.1060	1		5	7,402	0.53	3,916	18			
813	Drug Reactions		0.4960	1,972	638	1,299	3,098	0.96	2,959	7			
813		Pix1	0.3851	1,705	513	1,041	2,597	0.93	2,425	7			
813		Pix2	0.7572	109	65	110	5,007	0.77	3,853	20			
813		Pix3	0.8536	88	59	131	5,738	0.72	4,110	14			
813		Pix4	2.2558	70	57	119	15,192	0.91	13,755	31			
818	Complications Of Treatment		0.5826	1,672	1,029	2,113	3,714	1.14	4,246	16			
818		Pix1	0.4376	1,418	870	1,779	2,973	1.07	3,193	13			
818		Pix2	1.0225	121	85	180	7,164	0.91	6,500	26			
818		Pix3	1.3732	86	55	114	9,704	1.03	10,006	32			

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005				Blended Costed Cases	Average Cost of Variation	Coefficient of Variation	Standard Deviation	Trim Point
			SWRV	Activity	Costed Cases	Costed					
818		Pix4	2,9549	47	36	77	20,589	0.87		17,937	66
823	Minor Injuries And Trauma Diagnosis		0.5359	467	137	250	3,598	1.27		4,578	10
823		Pix1	0.3695	434	117	210	2,637	1.05		2,770	7
823		Pix2	0.8810	14	5	13	6,132	0.68		4,192	29
823		Pix3	1.0838	10	10	19	7,635	0.81		6,171	30
823		Pix4	3.2894	9	7	15	24,225	0.71		17,215	32
830	PWS - Extensive Burns With Skin Graft Wound Debridement Or Other Burn Procedures		10.6482	35	31	51	73,189	0.92		67,547	129
830		Pix1	5.6293	18	17	30	40,577	0.44		17,880	49
830		Pix2	5.8859			3	39,194	0.23		8,939	26
830		Pix3									43
830		Pix4	25.3598	17	15	23	181,421	1.17		213,160	282
831	Extensive Burns Without Burn Procedures		2.1064	17	9	15	14,625	0.63		9,157	35
831		Pix1	1.7714	12	6	11	13,283	0.76		10,076	31
831		Pix2	2.3478	2	2	2	16,837	0.15		2,523	15
831		Pix3									18
831		Pix4	5.6745	3	3	4	40,530	0.66		26,798	102
832	PWS - Non-Extensive Burns With Skin Graft		2.6002	109	97	211	17,449	0.85		14,784	39
832		Pix1	2.0936	95	88	190	15,020	0.75		11,237	35
832		Pix2	4.3059	6	5	11	30,522	0.44		13,341	45
832		Pix3	5.8449	4	4	9	41,394	0.34		14,270	55
832		Pix4	20.1654	4	4	7	151,905	0.42		63,343	151
833	Non-Extensive Burns With Wound Debridement Or Other Burn Procedures		0.8714	3	2	5	6,075	0.66		4,014	23
833		Pix1	0.6926	2	1	4	4,995	0.74		3,701	25
833		Pix2									
833		Pix3	1.3980	1	1	1	10,396				9
833		Pix4									
834	Non-Extensive Burns Without Burn Procedures		0.7982	188	88	181	5,494	0.99		5,447	19
834		Pix1	0.6877	179	82	171	5,039	0.94		4,749	16
834		Pix2	1.9692	4	2	5	13,554	0.83		11,264	29

Schedule 3 – Inpatient Statistical Background

CMG Code Description	Complexity Level	SWRV	2004/2005			Blended Costed Cases	Average Cost of Variation	Coefficient of Variation	Standard Deviation	Trim Point
			Activity	Costed Cases	Costed					
834	Pix3	1.9683	3	2	6	15,158	0.97	14,698	75	
834	Pix4	3.6902	2	2	5	24,609	0.79	19,332	46	
840 Other Admissions With Surgery		4.9200	717	462	844	32,610	1.25	40,841	185	
840	Pix1	1.1458	390	254	468	7,801	1.09	8,524	54	
840	Pix2	4.8918	105	47	94	34,091	0.69	23,498	132	
840	Pix3	8.1743	84	43	74	58,189	0.63	36,573	214	
840	Pix4	13.3382	138	96	167	94,375	0.73	68,703	253	
841 Rehabilitation		3.9313	5,448	1,627	3,380	25,987	0.64	16,643	112	
841	Pix1	3.1158	3,933	952	1,996	22,388	0.60	13,403	95	
841	Pix2	4.1922	759	356	715	29,926	0.65	19,514	131	
841	Pix3	4.2464	450	174	380	30,276	0.61	18,534	145	
841	Pix4	6.0282	306	155	318	42,780	0.68	29,174	176	
842 Signs And Symptoms		1.2600	1,344	459	792	7,578	0.87	6,600	41	
842	Pix1	0.8486	1,011	303	535	5,475	0.86	4,708	29	
842	Pix2	1.6031	191	83	134	10,577	0.71	7,475	56	
842	Pix3	2.0019	79	37	69	13,041	0.80	10,437	80	
842	Pix4	3.3068	63	34	48	21,782	0.74	16,211	112	
846 Aftercare Following Surgery Or Treatment		0.2311	3,470	2,604	4,381	1,406	1.24	1,742	4	
846	Pix1	0.2099	3,388	2,553	4,308	1,386	1.24	1,720	4	
846	Pix2	0.6697	65	53	78	4,435	1.40	6,207	101	
846	Pix3	0.8608	15	3	12	6,897	1.25	8,377	141	
846	Pix4	1.6611	2	2	5	12,755	0.74	9,454	209	
847 Other Specified Aftercare		2.2553	2,534	612	1,128	12,087	1.04	12,534	70	
847	Pix1	1.9974	2,128	538	987	11,548	1.04	12,017	66	
847	Pix2	2.0378	258	46	75	12,997	0.91	11,891	65	
847	Pix3	2.2687	93	14	32	14,265	1.07	15,221	88	
847	Pix4	3.1628	55	10	29	20,567	0.91	18,646	126	
849 Multiple Or Unspecified Congenital Anomalies		1.5477	4	3	10	10,876	1.28	13,943	34	
849	Pix1	0.4721	4	3	6	3,818	0.76	2,885	10	
849	Pix2	2.7145			2	25,489	0.75	19,237	71	

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005				Blended Costed Cases	Average Cost of Variation	Coefficient of Variation	Standard Deviation	Trim Point
			SWRV	Activity	Costed Cases	Costed Cases					
849		Pix3	0.9795			2	6,700	1.16		7,743	15
849		Pix4									18
850	Perinatal Conditions Age > 28 Days		3.5645	111	87	154	21,153	0.76		16,132	62
850		Pix1	2.9589	63	53	82	19,332	0.77		14,796	66
850		Pix2	3.5207	6	6	15	22,918	0.59		13,417	81
850		Pix3	2.6219	30	22	43	16,708	0.70		11,622	59
850		Pix4	9.7918	12	10	18	62,174	0.70		43,506	111
851	Other Factors Causing Hospitalization		0.5726	4,581	225	476	3,485	1.46		5,080	41
851		Pix1	0.4773	3,766	211	443	3,198	1.50		4,807	32
851		Pix2	0.9152	435	9	22	5,255	1.03		5,392	72
851		Pix3	1.2878	257	3	7	9,215	0.74		6,795	82
851		Pix4	1.4610	123	1	5	10,206	0.43		4,378	127
852	Procedures Cancelled (MNRH)		0.0729	1,138	518	1,034	466	1.99		928	1
852		Pix1	0.0670	1,118	511	1,015	460	2.02		930	1
852		Pix2	0.1101	13	5	14	753	0.88		660	1
852		Pix3	0.1605	6	2	5	1,057	0.93		982	1
852		Pix4		1							2
860	Respiratory Tract Disorders With HIV		1.6780	67	45	86	10,358	1.49		15,416	33
860		Pix9	1.5569	67	45	86	10,358	1.49		15,416	33
861	CNS Infection With HIV		2.0013	7	7	9	13,128	0.83		10,906	50
861		Pix9	1.8925	7	7	9	13,128	0.83		10,906	50
862	GI And Hepatobiliary Disorders With HIV		1.1031	16	6	17	6,861	0.76		5,248	27
862		Pix9	1.0326	16	6	17	6,861	0.76		5,248	27
863	Ophthalmic Disorders With HIV		2.3316	2	2	8	14,754	1.00		14,788	80
863		Pix9	2.1837	2	2	8	14,754	1.00		14,788	80
864	Blood Infections With HIV		2.1899	2	2	7	12,206	0.78		9,519	56
864		Pix9	2.0550	2	2	7	12,206	0.78		9,519	56
865	Lymphoma With HIV		4.4528	2	1	3	29,760	0.91		27,153	60
865		Pix9	4.4761	2	1	3	29,760	0.91		27,153	60

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity		SWRV	Activity	2004/2005		Average Coefficient	Standard Deviation	Trim Point	
		Level	Costed Cases			Blended Costed Cases					
866	Psychosocial Conditions With HIV			5.7518	3	2	6	36,592	1.13	41,229	149
866		Pix9		5.3128	3	2	6	36,592	1.13	41,229	149
867	Other Conditions Associated With HIV			2.0973	1	1	5	14,379	0.74	10,672	27
867		Pix9		2.0678	1	1	5	14,379	0.74	10,672	27
868	Miscellaneous Conditions With HIV			1.8578	27	23	48	11,545	1.04	11,979	41
868		Pix9		1.7386	27	23	48	11,545	1.04	11,979	41
880	Amputation Of Lower Limb Except Toe With Major Vascular Surgery			5.4073	43	38	82	31,884	0.80	25,653	89
880		Pix1		2.8385	20	19	31	18,084	0.51	9,275	47
880		Pix2		3.2058	3	2	11	20,133	0.48	9,694	68
880		Pix3		4.3955	6	5	12	27,212	0.65	17,688	63
880		Pix4		8.9087	14	12	29	57,787	0.58	33,376	152
881	Amputation Of Lower Limb Except Toe			3.2391	276	201	432	19,638	0.87	17,004	83
881		Pix1		1.6925	123	89	190	10,687	0.68	7,241	42
881		Pix2		2.8134	52	36	85	18,741	0.79	14,814	72
881		Pix3		3.4297	43	32	63	22,111	0.69	15,154	93
881		Pix4		6.9979	58	44	100	46,800	0.67	31,450	174
882	Wound Debridement Or Other Amputation With Major Vascular Surgery			4.2753	16	11	19	26,346	0.56	14,729	86
882		Pix1		2.3061	5	3	6	15,278	0.45	6,808	75
882		Pix2		2.9953	3	3	5	20,121	0.36	7,152	68
882		Pix3		3.8513	2	1	5	24,403	0.37	8,938	77
882		Pix4		7.0262	6	4	6	47,676	0.42	20,138	110
883	Wound Debridement And Grafting Other Than Hand			2.9375	31	20	46	18,827	0.88	16,604	75
883		Pix1		1.8803	22	13	29	13,098	0.65	8,527	53
883		Pix2		2.2855	4	4	6	15,077	0.69	10,402	70
883		Pix3		2.5745			5	16,709	0.62	10,357	69
883		Pix4		11.5372	5	5	9	78,664	0.86	67,338	146
884	Other Amputations Including Toe			2.0495	66	44	87	12,640	0.98	12,392	56
884		Pix1		1.0787	44	26	49	7,054	0.64	4,537	31
884		Pix2		2.0519	8	7	16	13,698	0.89	12,161	55

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2004/2005		Average Cost of Variation	Coefficient Cost of Variation	Standard Deviation	Trim Point
					Costed Cases	Blended Costed Cases				
884		Pk3	2.9549	9	6	14	18,979	0.63	11,885	77
884		Pk4	5.3424	5	4	9	35,704	0.51	18,046	91
885	PWS - Aortic Replacement		3.2064	316	183	379	19,128	0.57	10,855	24
885		Pk1	2.3575	197	115	231	15,363	0.43	6,597	19
885		Pk2	3.2077	33	19	50	20,760	0.52	10,750	27
885		Pk3	3.6111	41	26	48	23,726	0.47	11,081	29
885		Pk4	6.1396	45	31	67	40,039	0.61	24,468	51
887	Vascular Bypass Surgery		2.5166	444	258	558	14,892	0.67	9,998	26
887		Pk1	1.8538	303	181	371	11,922	0.48	5,771	19
887		Pk2	2.4189	44	28	71	15,486	0.44	6,837	28
887		Pk3	2.8935	53	30	69	18,719	0.46	8,694	30
887		Pk4	6.3283	44	26	60	40,478	0.65	26,453	60
890	Other Thoraco-Abdominal Procedures		2.7313	57	40	83	16,909	0.97	16,365	43
890		Pk1	1.4579	28	18	40	9,619	0.93	8,898	20
890		Pk2	1.8559	8	6	10	12,496	0.28	3,496	38
890		Pk3	2.2824	9	7	14	15,337	0.70	10,774	43
890		Pk4	6.9735	12	9	22	47,322	0.77	36,423	73
891	Vascular Repair		1.7608	223	129	281	10,821	0.99	10,704	22
891		Pk1	1.2448	176	104	212	8,344	0.85	7,057	13
891		Pk2	2.0521	15	7	24	13,043	0.56	7,239	31
891		Pk3	2.0396	15	13	26	14,317	0.68	9,714	33
891		Pk4	6.3477	17	14	31	44,972	0.67	30,056	79
892	Other Vascular Procedures		1.2309	139	65	139	7,714	0.65	4,992	16
892		Pk1	1.0651	116	52	115	7,182	0.60	4,312	13
892		Pk2	1.8044	13	9	16	12,064	0.87	10,462	44
892		Pk3	2.1247	9	6	10	14,672	0.76	11,190	36
892		Pk4	6.4449	1	1	5	44,994	0.71	32,006	104
893	Vein Ligation And Stripping (MINRH)		0.3848	185	24	49	2,029	0.37	751	1
893		Pk1	0.3530	184	24	49	2,029	0.37	751	1
893		Pk2	0.2703	1		2	1,800	0.01	16	14

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2004/2005		Average Cost of Variation	Coefficient	Standard Deviation	Trim Point
					Costed Cases	Blended Costed Cases				
893		Pix3								
893		Pix4								
895	Deep Vein Thrombophlebitis		0.8260	620	242	495	4,984	0.78	3,896	24
895		Pix1	0.6580	454	162	330	4,239	0.68	2,899	18
895		Pix2	0.8277	100	47	103	5,402	0.85	4,587	28
895		Pix3	1.3533	59	31	53	9,250	0.85	7,857	41
895		Pix4	2.8428	7	4	14	19,579	0.82	16,027	82
898	Peripheral Vascular Disease		0.9153	368	158	352	5,441	1.13	6,136	23
898		Pix1	0.6615	271	114	251	4,285	0.95	4,077	19
898		Pix2	1.0734	54	30	59	7,029	0.74	5,207	36
898		Pix3	1.7758	30	15	35	11,082	0.83	9,221	51
898		Pix4	2.9278	13	8	21	18,719	0.90	16,862	60
900	Extensive Unrelated O.R. Procedures		4.7228	389	286	580	30,522	0.98	29,768	82
900		Pix1	2.2778	151	106	217	16,015	0.98	15,615	33
900		Pix2	3.4071	47	30	65	22,915	0.60	13,792	77
900		Pix3	4.2489	45	34	78	28,978	0.58	16,680	89
900		Pix4	7.6827	146	119	229	53,163	0.82	43,514	126
901	Non-Extensive Unrelated O.R. Procedures		2.5514	1,135	748	1,565	16,459	1.26	20,810	57
901		Pix1	1.0980	652	412	863	7,583	0.91	6,913	28
901		Pix2	2.1540	131	72	168	14,569	0.69	10,102	58
901		Pix3	3.0019	122	94	193	20,701	0.64	13,321	64
901		Pix4	6.5378	230	172	366	45,506	0.87	39,591	119
902	Post-Operative Complications With Unrelated O.R. Procedures		2.5961	105	72	154	15,640	1.11	17,368	48
902		Pix1	1.0112	54	42	79	6,815	0.77	5,269	22
902		Pix2	2.8079	20	12	28	17,836	0.67	11,925	49
902		Pix3	3.0737	13	9	15	20,403	0.74	15,194	61
902		Pix4	6.8066	18	11	35	44,094	0.83	36,427	73
906	Unrelated O.R. Procedures (MNRH)		1.7600	279	133	290	11,345	1.02	11,623	50
906		Pix1	0.9903	196	87	196	6,862	0.98	6,704	31
906		Pix2	2.3689	29	13	34	16,244	0.70	11,438	62

Schedule 3 -- Inpatient Statistical Background

CMG Code Description	Complexity Level	SWRV	Activity	2004/2005		Blended Costed Cases	Average Cost of Variation	Coefficient of Variation	Standard Deviation	Trim Point
				Costed Cases	Costed Cases					
906	Pk3	3.0192	28	14	27	21,290	0.76		16,094	87
906	Pk4	4.3266	26	19	35	30,061	0.55		16,446	83
908 Other Major Procedures For Gynecological Malignancy		0.7912	22	18	31	4,845	0.51		2,494	10
908	Pk1	0.7679	21	18	31	5,029	0.58		2,923	11
908	Pk2	1.7535	1	1	3	11,480	0.47		5,375	26
908	Pk3									16
908	Pk4									8
909 Obsolete Psychiatric Diagnoses (MNRH)		1.0578	422	155	335	6,424	0.98		6,294	42
909	Pk9	0.9783	422	155	335	6,424	0.98		6,294	42
910 Diagnosis Not Generally Hospitalized		0.3784	243	78	162	2,543	1.76		4,468	4
910	Pk9	0.3528	243	78	162	2,543	1.76		4,468	4
912 Obstetric Codes Invalid As Most Responsible Diagnosis		0.3187	17	5	15	1,851	0.54		995	7
912	Pk9	0.2935	17	5	15	1,851	0.54		995	7
996 Cadaveric Donor Organ and Tissue Retrieval										
996	Pk9									
997 Stillbirths			292							
997	Pk9		292							
998 Neonate With Catastrophic Diagnosis LOS < 6 Days		0.4691	5	5	8	3,107	0.83		2,587	8
998	Pk9	0.4457	5	5	8	3,107	0.83		2,587	8
999 Ungroupable Data		0.3584	283	20	44	2,257	0.93		2,107	7
999	Pk9	0.3345	283	20	44	2,257	0.93		2,107	7

Schedule 4 -- Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
1.1	Nerve & Other, Local Anaesthetic	164	71	236	1,295
1.2	Nerve & Other, General Anaesthetic	1,148	448	1,596	1,547
1.3	Nerve & Other, Other Anaesthetic	610	248	859	419
1.4	Nerve & Other, No Anaesthetic	69	46	115	1,842
2	Spinal	485	130	615	3,737
3	Nerve Injection	57	37	94	1,990
4	Orbital & Other Eye	955	283	1,238	2,831
5	Lens Interventions	475	135	609	13,809
6	Iris & Other Eye	66	30	96	1,206
7	Strabismus	1,067	329	1,396	1,724
8	External Eye	320	60	380	11,583
9	Bronch/ Pharynx	929	304	1,233	94
10	Tympanoplasty	1,042	363	1,405	1,210
11	Sinus Interventions	1,134	394	1,528	1,558
12	Other Sinus	797	268	1,065	158
13	Tonsils & Adenoids 12+ years	710	237	946	1,729
13.1	Tonsils & Adenoids 0 < 6 years	857	240	1,097	1,007
13.2	Tonsils & Adenoids 6 < 12 years	885	251	1,136	1,599
14	Nasal Interventions	475	178	654	5,401
15	Other Respiratory	795	199	995	422
16	External Ear 18+ years	218	82	300	605
16.1	External Ear 0 < 1.5 years	559	148	707	463
16.2	External Ear 1.5 < 6 years	518	138	656	1,913
16.3	External Ear 6 < 12 years	490	135	625	800
16.4	External Ear 12 < 18 years	419	121	541	161
17	Respiratory Endoscopy - ENT	372	114	486	5,743
18	Pacemaker Implant	14,437	1,272	15,709	374
19	Cardiac Catheter 18+ years	1,008	288	1,296	6,435
19.1	Cardiac Catheter 0 < 6 years	3,183	642	3,825	108
19.2	Cardiac Catheter 6 < 18 years	3,364	893	4,258	219
20	Angiography 18+ years	1,634	414	2,048	4,794
20.1	Angiography 0 < 6 years	1,006	175	1,182	9

Schedule 4 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
20.2	Angiography 6 < 12 years	1,389	285	1,673	13
20.3	Angiography 12 < 18 years	1,660	468	2,129	52
21	Vascular Interventions 18 + years	1,097	283	1,380	2,572
21.1	Vascular Interventions 0 < 18 years	910	242	1,152	229
22	Other Vascular Interventions	822	303	1,125	1,430
23.1	Lymphatic Interventions, Local Anaesthetic	405	105	510	47
23.2	Lymphatic Interventions, General Anaesthetic	1,634	511	2,145	890
23.3	Lymphatic Interventions, Other Anaesthetic	701	190	891	183
23.4	Lymphatic Interventions, No Anaesthetic	198	66	263	225
24	Minor Vascular	155	62	217	5,508
25	Cholecystectomy	1,246	449	1,695	3,243
26	Hernia	1,100	372	1,472	6,368
27	ERCP	936	254	1,189	2,005
28.1	Endoscopy GI - Low	436	139	575	2,108
28.2	Endoscopy GI - Medium	347	106	453	52,657
28.3	Endoscopy GI - High	400	119	519	6,497
29.1	Ano-Rectal Interventions, Local Anaesthetic	168	68	236	98
29.2	Ano-Rectal Interventions, General Anaesthetic	798	296	1,093	991
29.3	Ano-Rectal Interventions, Other Anaesthetic	464	135	599	2,053
29.4	Ano-Rectal Interventions, No Anaesthetic	122	46	168	425
30.1	Minor Anal Interventions, Local Anaesthetic	109	43	152	259
30.2	Minor Anal Interventions, General Anaesthetic	1,038	300	1,337	415
30.3	Minor Anal Interventions, Other Anaesthetic	477	136	613	3,374
30.4	Minor Anal Interventions, No Anaesthetic	225	78	303	2,291
31	Mechanical Implants	2,002	386	2,388	208
32	Lithotripsy	526	208	734	4,977
33	Upper Urinary Interventions	1,039	305	1,344	1,812
34.1	Lower Uri & Genital	1,018	312	1,330	2,230
34.2	Reconstruction, Vas Deferens	1,824	675	2,500	65
35.1	Bladder & Urethral Interventions, Local Anaesthetic	170	68	238	28,836
35.2	Bladder & Urethral Interventions, General Anaesthetic	774	254	1,028	1,965
35.3	Bladder & Urethral Interventions, Other Anaesthetic	455	169	624	1,621

Schedule 4 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
35.4	Bladder & Urethral Interventions, No Anaesthetic	210	77	286	341
36.1	Vasectomy	236	87	323	2,437
36.2	Other Male Genital Interventions	949	314	1,263	975
37	Circumcision 18+ years	750	258	1,008	499
37.1	Circumcision 0 < 1.5 years	138	64	202	1,914
37.2	Circumcision 1.5 < 6 years	807	213	1,020	305
37.3	Circumcision 6 < 12 years	811	230	1,041	257
37.4	Circumcision 12 < 18 years	821	275	1,095	119
38	Uro Diagnostic Interventions	225	82	307	6,567
39	Uterus & Adnexal Intervention	944	351	1,295	4,899
40	Endo & Gyn Interventions	635	241	877	5,579
41	Minor Gyn Interventions	211	53	264	10,831
42	Evacuators	386	186	572	5,430
43	Maxillo-Facial	1,016	342	1,358	316
44	Chest Wall Interventions	949	274	1,223	316
45.1	Upper Extremity Interventions	621	226	847	992
45.2	Shoulder Interventions	1,437	483	1,921	731
46	Open Reductions	1,166	418	1,584	948
47	Tendon & Muscle Interventions	554	206	760	2,925
48	Closed Reductions	281	95	375	8,220
49	Lower Extremity	1,103	343	1,446	148
50	Knee Interventions	887	331	1,218	6,930
51	Ankle & Foot	1,005	371	1,376	1,692
52.1	Remove Int Fixation, Lower Extremity	678	246	924	1,625
52.2	Other Removal, Int Fixation	340	127	467	1,543
53	Soft Tissue Interventions	384	134	518	2,445
54	Manipulations	456	157	614	161
55	Mastectomy	505	169	674	1,593
56.1	Augment/Reduc Breast Bilateral	1,832	637	2,469	1,376
56.2	Augment/Reduc Breast Unilateral	1,470	474	1,944	420
57	Breast Plastic Interventions	756	233	989	861
58.1	Ear & Cleft Lip Reconstruction	1,304	563	1,867	51

Schedule 4 -- Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
58.2	Face Rhytidectomy	1,851	568	2,419	75
58.3	Other Plastic Reconstruction	862	299	1,161	2,021
59.1	Skin Interventions, Local Anaesthetic	104	39	142	23,444
59.2	Skin Interventions, General Anaesthetic	978	322	1,300	1,922
59.3	Skin Interventions, Other Anaesthetic	151	58	209	3,974
59.4	Skin Interventions, No Anaesthetic	121	46	168	11,983
60	Dental Surgery	988	277	1,265	3,063
61.1	Biopsy, Other	683	141	824	1,491
61.2	Biopsy, Percutaneous	640	157	797	8,060
62	Hemodialysis	254	51	305	193,647
62.1	Home Hemodialysis Teaching	1,000	149	1,149	5
62.2	Selfcare Hemodialysis				
63	Transfusions	421	152	572	8,393
64	Cardioversion	383	112	494	1,272
65	Chemotherapy Oncology	326	80	406	532
66	Myelogram	535	132	667	77
68	Thyroid Interventions	1,299	461	1,760	43
69	Parotid Duct Interventions	1,214	408	1,622	45
70	Appendectomy	1,361	469	1,829	31
71	Gastro-Intestinal Related Interventions	280	96	376	2,469
72	Peritoneal Dialysis	416	38	454	1,033
72.1	Home Peritoneal Dialysis Teaching	153	14	167	6,423
73	Hos Visit Including Diagnostic Investigation of Vascular Sys				
74	Hospital Visit Including Nuclear Imaging	795	133	928	11,334
75	Hospital Visit Including CAT Scan	462	95	557	73,480
76	Hospital Visit Including MRI	498	94	592	35,171
77	Hospital Visit Radiotherapy	321	61	383	533
78	Chest Xray	61	12	74	17,322
79	Other Xray	121	26	147	45,875
80	Mammogram	97	45	142	5
81	Ultrasound	299	40	339	27,985
82.1	Extensive Sleep Studies	956	151	1,106	2,706

Schedule 4 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
82.2	Other Sleep Labs	192	30	222	280
83	Inner Ear	1,476	585	2,061	220
84	Hyperbaric Chamber	239	45	283	2,629
85	Discrete Diagnostic Investigation of Vascular System				
86	Discrete Nuclear Imaging	647	95	742	5,371
87	Discrete CAT Scan	300	40	339	31,956
88	Discrete MRI	456	75	531	44,453
89	Discrete Radiotherapy	154	23	178	236
99	Ungroupables - Based on Interventions	1,435	430	1,865	168
201	Diag Inv General Cardiac 0 < 12 years	223	56	279	257
203	Diag Inv General Cardiac 12 < 18 years	221	62	283	240
205	Diag Inv General Cardiac 18+ years	311	86	397	13,256
206	Management General Cardiac 0 < 1.5 years	98	15	113	773
207	Management General Cardiac 1.5 < 12 years	100	17	117	1,740
208	Management General Cardiac 12 < 18 years	101	19	120	1,052
210	Management General Cardiac 18+ years	105	27	132	66,053
213	Dysrhythmia & Conductive Disorders	161	49	210	12,338
214	Congestive Heart Failure	153	41	194	7,936
215	Inflammatory Cardiac	182	52	233	203
216	Congenital Heart Disease	212	35	247	2,549
217	Diag Inv Angina	393	117	510	2,131
218	Management Angina	79	31	110	18,887
219	Diag Inv Vascular	302	74	376	1,188
220	Management Vascular	91	30	121	4,791
251	Diag Inv General Endocrinal 0 < 18 years	178	40	218	258
254	Diag Inv General Endocrinal 18 + years	231	64	294	121
255	Management General Endocrinal 0 < 1.5 years	83	28	112	602
256	Management General Endocrinal 1.5 < 6 years	72	24	96	626
257	Management General Endocrinal 6 < 18 years	55	17	72	1,341
258	Management General Endocrinal 18 + years	49	22	72	8,846
259	Management Diabetes < 18 years	152	81	233	4,289
260	Management Diabetes 18 + years	92	43	135	33,153

Schedule 4 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
262	Thyrotoxicosis	42	19	61	2,153
264	Management Ketoacidosis	330	121	451	111
266	Fluid & Electrolyte < 6 years	264	97	361	679
267	Fluid & Electrolyte 6 + years	229	74	303	3,539
301	Diag Inv General ENT	179	57	236	7,367
303	Management General ENT	103	37	139	43,651
305	Otitis Media	69	29	99	13,126
306	Epistaxis	95	35	130	1,896
351	Diag Inv General Female Genital Disorders < 45 years	446	100	546	874
352	Diag Inv General Female Genital Disorders 45 + years	285	73	358	184
353	Management General Female Genital Disorders < 18 years	111	35	146	1,007
354	Management General Female Genital Disorders 18 < 45 years	91	22	113	12,570
355	Management General Female Genital Disorders 45 + years	82	34	116	3,770
356	Management Contraceptive	60	19	79	4,504
357	Diag Inv General Male Genital Disorders < 18 years	330	83	413	209
358	Diag Inv General Male Genital Disorders 18 + years	298	75	374	361
359	Management General Male Genital Disorders < 18 years	74	29	103	1,437
360	Management General Male Genital Disorders 18 + years	73	24	97	3,442
361	Diag Inv Other Genitourological Disorders < 18 years	286	81	368	610
362	Diag Inv Other Genitourological Disorders 18 + years	288	85	373	4,475
363	Management Other Genitourological Disorders < 18 years	112	40	152	7,120
364	Management Other Genitourological Disorders 18 + years	88	23	110	45,912
400	Diag Inv General Gastrointestinal 0 < 1.5 years	238	77	315	819
401	Diag Inv General Gastrointestinal 1.5 < 6 years	221	73	294	1,269
402	Diag Inv General Gastrointestinal 6 < 18 years	256	78	333	3,263
403	Diag Inv General Gastrointestinal 18 < 45 years	338	90	428	7,843
404	Diag Inv General Gastrointestinal 45 < 65 years	323	92	415	4,392
405	Diag Inv General Gastrointestinal 65 + years	346	103	450	3,751
406	Management General Gastrointestinal 0 < 1.5 years	92	38	130	9,927
407	Management General Gastrointestinal 1.5 < 6 years	102	42	144	9,374
408	Management General Gastrointestinal 6 < 18 years	104	40	145	10,996
409	Management General Gastrointestinal 18 < 45 years	104	35	139	29,460

Schedule 4 -- Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
410	Management General Gastrointestinal 45 < 65 years	91	30	121	14,312
411	Management General Gastrointestinal 65 + years	101	35	136	7,138
412	Constipation with Disimpaction	303	104	408	64
413	GI Bleed/Perforation/Obstruction	174	57	231	2,838
451	Diag Inv Hematological	303	76	379	845
452	Management Hematological 0 < 6 years	152	49	200	1,875
453	Management Hematological 6 < 12 years	149	46	196	1,772
454	Management Hematological 12 < 18 years	181	52	233	2,007
455	Management Hematological 18 < 65 years	141	46	187	10,207
456	Management Hematological 65 + years	124	39	164	4,598
501	Diag Inv Hepatobiliary	413	114	528	1,753
502	Management Hepatobiliary	68	22	90	11,498
551	Diag Inv Infram Musculoskeletal 0 < 6 years	255	80	335	33
553	Diag Inv Infram Musculoskeletal 6 < 12 years	206	58	264	85
554	Diag Inv Infram Musculoskeletal 12 < 18 years	198	53	251	110
555	Diag Inv Infram Musculoskeletal 18 + years	202	54	256	3,448
556	Diag Inv Other Musculoskeletal < 18 years	112	35	148	15,043
557	Diag Inv Other Musculoskeletal 18 + years	123	43	166	61,873
558	Management Infram Musculoskeletal 0 < 6 years	102	30	132	274
560	Management Infram Musculoskeletal 6 < 12 years	87	27	113	378
561	Management Infram Musculoskeletal 12 < 18 years	78	24	102	532
562	Management Infram Musculoskeletal 18 + years	56	21	78	22,610
563	Management Other Musculoskeletal < 18 years	53	21	73	10,479
564	Management Other Musculoskeletal 18 + years	42	21	63	78,611
565	Diag Inv Congenital Musculoskeletal Deformities	268	69	336	85
566	Management Congenital Musculoskeletal Deformities	167	46	213	585
567	Diag Inv Other Infram Musculoskeletal	171	54	225	1,496
568	Management Other Infram Musculoskeletal	69	29	98	4,386
569	Infectious Musculoskeletal	109	40	149	2,703
601	Diag Inv General Neurology	227	64	291	1,081
602	Management General Neurology 0 < 6 years	111	32	144	2,162
603	Management General Neurology 6 < 12 years	137	38	175	2,288

Schedule 4 – Ambulatory Care Cost Results

ACC5 Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
604	Management General Neurology 12 < 18 years	106	31	137	1,347
605	Management General Neurology 18 < 65 years	92	36	128	9,377
606	Management General Neurology 65 + years	149	39	188	4,118
607	Migraine Headache	83	32	115	8,514
608	Diag Inv Headache	218	66	284	320
609	Management Headache	74	28	102	8,080
610	Diag Inv Meningitis	320	86	406	16
611	Management Meningitis	109	34	143	305
612	Diag Inv Cerebrovascular	326	90	416	972
613	Management Cerebrovascular	141	31	172	11,381
614	Diag Inv Convulsions	275	89	364	477
615	Management Convulsions	109	35	143	12,179
616	Diag Inv Vertigo	300	90	390	504
617	Management Vertigo	131	42	173	5,139
651	Antepartum Routine	100	31	130	2,171
652	Postpartum Routine	115	63	178	993
653	Diag Inv Neonatal & Congenital	238	74	312	180
654	Management Neonatal & Congenital	114	45	159	1,857
656	Delivery with Postpartum Complications	114	37	151	28
657	Delivery without Postpartum Complications	128	51	178	6
658	Postpartum Conditions Outcomes Uncomplicated	87	35	122	4,442
659	Diag Inv Pregnancy with Abortive	489	119	608	525
660	Management Pregnancy with Abortive Outcomes Uncomp	167	49	216	1,174
662	Diag Inv Antepartum	310	74	384	7,700
663	Management Antepartum	112	36	149	35,173
664	Diag Inv Pregnancy with Abortive Outcomes Complica	482	107	589	85
665	Management Pregnancy with Abortive Outcomes Complic	200	53	253	239
701	Diag Inv Oncological	263	81	344	816
702	Management Oncological	120	46	166	7,033
703	Radiotherapy (includes diagnosis code V58.0)	61	31	93	2
704	IV Therapy – Non Cancer Related	97	33	130	87,078
751	Diag Inv Ophthalmology 0 < 12 years	130	53	183	202

Schedule 4 -- Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
752	Diag Inv Ophthalmology 12 < 18 years	121	54	175	207
753	Diag Inv Ophthalmology 18 < 45 years	130	58	187	1,848
754	Diag Inv Ophthalmology 45 + years	131	64	195	12,470
755	Management Ophthalmology 0 < 12 years	65	24	89	8,648
756	Management Ophthalmology 12 < 18 years	60	25	85	2,726
757	Management Ophthalmology 18 < 45 years	61	27	89	14,476
758	Management Ophthalmology 45 + years	74	33	107	52,187
801	Diag Inv Psychiatry	248	78	326	918
802	Management Psychiatry	92	36	128	54,745
803	Drug & Alcohol Related Conditions	194	69	262	8,093
851	Diag Inv General Respiratory < 18 years	197	68	265	8,020
852	Diag Inv General Respiratory 18 + years	246	76	323	18,173
853	Management General Respiratory 0 < 1.5 years	109	44	153	5,869
854	Management General Respiratory 1.5 < 6 years	110	45	155	10,405
855	Management General Respiratory 6 < 18 years	111	39	149	8,518
856	Management General Respiratory 18 < 65 years	111	36	147	12,669
857	Management General Respiratory 65 + years	158	47	204	6,061
863	Diag Inv Severe Respiratory Disease	283	103	386	649
864	Management Severe Respiratory Disease	199	88	288	1,178
901	Diag Inv Skin & Soft Tissue	176	57	233	8,953
902	Management Skin & Soft Tissue	64	28	93	67,816
906	Cellulitis	112	42	154	10,348
951	Diag Inv Systemic Infection	233	72	304	4,003
952	Management Systemic Infection < 18 years	95	38	133	14,197
953	Management Systemic Infection 18 < 45 years	97	32	130	2,372
954	Management Systemic Infection 45 + years	98	33	130	1,225
955	Diag Inv AIDS	281	41	322	258
956	Management AIDS	130	15	145	5,336
999	Ungroupable	129	41	170	221
1001	Open Fracture Fingers & Toes	154	51	205	140
1002	Closed Fracture Fingers & Toes	93	32	126	4,859
1003	Fractured Nose, Open & Closed	109	38	147	814

Schedule 4 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
1004	Open Fracture & Dislocations Other	157	48	205	800
1005	Closed Fracture & Dislocations Other	145	48	193	23,413
1007	Open Wounds without Complications	81	30	111	9,551
1008	Open Wound with Complications	100	34	134	1,772
1009	Sprains	119	39	159	28,597
1010	Contusions Fingers/Toes	91	31	122	2,284
1011	Contusions except Fingers/Toes	119	39	158	19,818
1012	Open Wound Eye	76	29	105	585
1013	Foreign Body Eyes, Ears, Nose	62	26	88	1,612
1014	Foreign Body except Eyes, Ears, Nose	129	44	173	1,585
1015	Diag Inv Poisoning	359	114	474	591
1016	Management Poisoning	193	71	264	7,924
1017	Amputation except Fingers/Toes	85	50	135	1
1018	Abuse/Sexual Assault 0 < 12 years	388	42	430	656
1019	Abuse/Sexual Assault 12+ years	255	50	306	702
1020	Burn Moderate to Severe	78	31	109	273
1021	Minor Other Injuries	119	41	160	14,676
1022	Moderate Other Injuries	409	119	527	2,478
1024	Comas	213	77	290	63
1025	Shock	166	65	231	509
1026	Open Spinal Fracture & Dislocation	413	177	591	1
1027	Closed Spinal Fracture & Dislocation	230	74	304	453
1028	Diag Inv Head Injury	216	73	290	899
1029	Management Head Injury	84	34	118	5,550
1030	Diag Inv Thoraco-Abdominal & Major Vascular	266	83	349	203
1031	Management Thoraco-Abdominal & Major Vascular	97	39	136	2,320
1032	Burn Minor 0 < 6 years	91	39	130	546
1033	Burn Minor 6 + years	67	27	94	2,205
1034	Diag Inv Major Other Injuries	242	71	313	46
1035	Management Major Other Injuries	248	51	299	328
1051	Assessment Referral	67	17	84	2,552
1052	Assessment Intake	204	53	258	16,918

Schedule 4 -- Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
1053	Assessment Collateral	140	51	191	162
1054	Legal Assessment Half Day				
1055	Legal Assessment Full Day				
1056	Assessment Specialized	184	40	224	7,197
1057	Individual Therapy	83	19	102	58,191
1058	Crisis/ Intervention Calls Telephone Crisis Calls				
1059	Crisis/ Intervention Calls Mobile Crisis Intervention Call				
1060	Couple Therapy	136	31	166	428
1061	Family Therapy	204	29	233	1,715
1062	Group Therapy	22	6	29	168,630
1063	ECT	216	94	310	1,423
1064	Medication Administration	140	32	172	14,686
1065	Patient Specific Consultations/ Case Supervision	62	32	94	28,741
1066	Patient Specific Hearings				
1067	Patient Specific Professional Reports and Applications				
1068	Patient Specific Critical Incident Documentation				
1069	Diagnostic Testing/ Scoring Testing Type 1	147	43	190	400
1070	Diagnostic Testing/ Scoring Testing Type 2	473	86	558	310
1071	Diagnostic Testing/ Scoring Testing Type 3	1,094	230	1,324	125
1072	Therapeutic Milieu Programs Half Day	63	14	77	1,786
1073	Therapeutic Milieu Programs Full Day	525	150	675	5
1074	Mental Health Education 0-120 min	70	22	92	18,237
1075	Mental Health Education 121-240 min	399	129	528	19
1076	Mental Health Education 241-360 min				
1077	Mental Health Education 361-480 min				
1101	OT Group 1	17	2	19	31,387
1102	OT Group 2	41	5	47	28,327
1103	OT Group 3	58	9	67	8,732
1104	OT Group 4	141	20	161	34,229
1105	OT Group 5	164	23	187	2,741
1106	OT Group 6	298	44	343	1,387
1111	Physical Therapy Group 1	22	11	33	51,569

Schedule 4 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
1112	Physical Therapy Group 2	40	11	50	58,006
1113	Physical Therapy Group 3	51	11	62	12,853
1114	Physical Therapy Group 4	98	18	116	39,377
1115	Physical Therapy Group 5	147	26	173	2,224
1116	Physical Therapy Group 6	261	49	310	918
1121	Recreational Therapy Group 1	18	3	21	11,733
1122	Recreational Therapy Group 2	39	6	45	7,922
1123	Recreational Therapy Group 3	55	9	65	594
1124	Recreational Therapy Group 4	95	16	110	2,793
1125	Recreational Therapy Group 5	161	21	182	153
1126	Recreational Therapy Group 6	240	30	270	55
1131	Speech-Language Pathology Group 1	28	5	33	7,249
1132	Speech-Language Pathology Group 2	52	9	60	11,675
1133	Speech-Language Pathology Group 3	81	15	96	485
1134	Speech-Language Pathology Group 4	210	35	244	23,022
1135	Speech-Language Pathology Group 5	247	45	292	805
1136	Speech-Language Pathology Group 6	428	72	499	713
1141	Audiology Group 1	119	29	148	964
1142	Audiology Group 2	65	14	79	3,641
1143	Audiology Group 3	260	45	305	9,839
1144	Audiology Group 4	558	101	659	489
1145	Audiology Group 5 - Cochlear Implant				
1151	Resp Therapy Group 1	39	7	46	13,490
1152	Resp Therapy Group 2	72	13	85	20,001
1153	Resp Therapy Group 3	62	9	71	10,820
1154	Resp Therapy Group 4	132	19	151	15,812
1155	Resp Therapy Group 5	151	22	173	5,943
1156	Resp Therapy Group 6	291	45	337	5,299
1201	Clinical Nutrition Group 1	24	4	29	37,186
1202	Clinical Nutrition Group 2	53	9	62	24,262
1203	Clinical Nutrition Group 3	81	10	91	5,524
1204	Clinical Nutrition Group 4	143	26	170	22,106

Schedule 4 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
1205	Clinical Nutrition Group 5	179	21	200	2,304
1206	Clinical Nutrition Group 6	286	31	316	753
1221	Social Work Group 1	44	7	51	24,084
1222	Social Work Group 2	99	14	113	16,697
1223	Social Work Group 3	174	22	197	2,745
1224	Social Work Group 4	279	45	325	2,256
1225	Social Work Group 5	359	44	403	237
1226	Social Work Group 6	577	72	648	44
1241	Psychology Group 1	45	8	53	11,718
1242	Psychology Group 2	137	21	158	6,784
1243	Psychology Group 3	224	34	258	1,517
1244	Psychology Group 4	454	79	534	5,165
1245	Psychology Group 5	620	110	730	596
1246	Psychology Group 6	1,483	194	1,676	255
1247	Psychology Group 7	442	74	516	88
1248	Psychology Group 8	519	84	603	72
1249	Psychology Group 9	628	106	734	45
2001	Critical Care Unit or O.R. with Secondary Diagnosis	380	113	493	3,023
2002	Critical Care Unit or O.R. without Secondary Diagnosis	477	103	579	3,985
2003	Other Unit with Secondary Diagnosis	337	104	441	34,316
2004	Other Unit without Secondary Diagnosis	285	85	371	33,758
2021	DOA	70	17	88	30
2022	Died During Visit	236	76	312	366
2023	Death - Organ Donor	27	3	30	1
2041	Patient Transferred with Secondary Diagnosis	404	135	538	5,580
2042	Patient Transferred without Secondary Diagnosis	361	113	474	4,304
2050	Diag Inv General Symptoms/Exam	226	40	266	20,563
2051	Management General Symptoms/Exam < 18 years	138	60	198	17,452
2052	Management General Symptoms/Exam 18 < 45 years	92	34	126	23,029
2053	Management General Symptoms/Exam 45 < 65 years	92	32	124	18,276
2054	Management General Symptoms/Exam 65+ years	126	41	168	18,113
2059	Prophylactic Vaccination	91	39	130	5,902

Schedule 4 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
2060	Therapeutic Medical Counseling	116	33	149	12,862
2062	Preoperative Exam	176	45	221	73,669
2064	Therapy - No Intervention Code	104	27	131	21,769
2066	Contact/Carrier of Communicable Disease	99	22	122	486
2067	Health Hazard Related to Personal/Family History	1,626	440	2,066	2,148
2068	Routine Health Supervision	61	27	88	21,533
2069	Postsurgical Status	98	38	135	17,885
2070	Follow-up/Convalescence	66	21	88	37,215
2071	Screening Exam	155	35	190	8,179
2072	Screening Exam - Genetics				
2073	Genetic Counselling	956	122	1,077	3,893
2081	Non Registered Service Recipients				
2082	Mode of Service - Telephone	41	10	51	358,766
2099	Patient Left Without Being Seen	92	45	137	1,932

Schedule 5 – Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
1.1	Nerve & Other, Local Anaesthetic	766	529	1,295	224	253	236
1.2	Nerve & Other, General Anaesthetic	746	801	1,547	1,721	1,480	1,596
1.3	Nerve & Other, Other Anaesthetic	244	175	419	837	889	859
1.4	Nerve & Other, No Anaesthetic	949	893	1,842	103	128	115
2	Spinal	1,819	1,918	3,737	673	560	615
3	Nerve Injection	1,077	913	1,990	88	101	94
4	Orbital & Other Eye	1,324	1,507	2,831	1,202	1,270	1,238
5	Lens Interventions	7,125	6,684	13,809	609	609	609
6	Iris & Other Eye	765	441	1,206	92	104	96
7	Strabismus	851	873	1,724	1,418	1,374	1,396
8	External Eye	5,757	5,826	11,583	396	363	380
9	Bronch/Pharynx	53	41	94	1,213	1,259	1,233
10	Tympanoplasty	688	522	1,210	1,450	1,346	1,405
11	Sinus Interventions	793	765	1,558	1,544	1,511	1,528
12	Other Sinus	69	89	158	1,044	1,082	1,065
13	Tonsils & Adenoids 12+ years	931	798	1,729	971	917	946
13.1	Tonsils & Adenoids 0 < 6 years	522	485	1,007	1,064	1,132	1,097
13.2	Tonsils & Adenoids 6 < 12 years	791	808	1,599	1,100	1,172	1,136
14	Nasal Interventions	2,763	2,638	5,401	672	635	654
15	Other Respiratory	194	228	422	1,059	940	995
16	External Ear 18+ years	297	308	605	342	259	300
16.1	External Ear 0 < 1.5 years	208	255	463	691	720	707
16.2	External Ear 1.5 < 6 years	958	955	1,913	651	661	656
16.3	External Ear 6 < 12 years	413	387	800	613	639	625
16.4	External Ear 12 < 18 years	83	78	161	562	518	541
17	Respiratory Endoscopy - ENT	2,832	2,911	5,743	502	470	486
18	Pacemaker Implant	329	45	374	16,278	11,544	15,709
19	Cardiac Catheter 18+ years	3,280	3,155	6,435	1,376	1,214	1,296
19.1	Cardiac Catheter 0 < 6 years	54	54	108	4,338	3,311	3,825
19.2	Cardiac Catheter 6 < 18 years	134	85	219	4,787	3,423	4,258
20	Angiography 18+ years	2,497	2,297	4,794	2,125	1,963	2,048
20.1	Angiography 0 < 6 years	6	3	9	1,146	1,252	1,182

Schedule 5 – Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
20.2	Angiography 6 < 12 years	3	10	13	1,148	1,831	1,673
20.3	Angiography 12 < 18 years	28	24	52	2,000	2,278	2,129
21	Vascular Interventions 18 + years	1,542	1,030	2,572	1,570	1,094	1,380
21.1	Vascular Interventions 0 < 18 years	129	100	229	1,164	1,136	1,152
22	Other Vascular Interventions	750	680	1,430	1,169	1,077	1,125
23.1	Lymphatic Interventions, Local Anaesthetic	34	13	47	573	346	510
23.2	Lymphatic Interventions, General Anaesthetic	492	398	890	2,344	1,899	2,145
23.3	Lymphatic Interventions, Other Anaesthetic	127	56	183	833	1,021	891
23.4	Lymphatic Interventions, No Anaesthetic	123	102	225	267	259	263
24	Minor Vascular	3,159	2,349	5,508	214	221	217
25	Cholecystectomy	1,685	1,558	3,243	1,786	1,596	1,695
26	Hernia	3,210	3,158	6,368	1,542	1,402	1,472
27	ERCP	1,021	984	2,005	1,459	909	1,189
28.1	Endoscopy GI - Low	1,141	967	2,108	593	553	575
28.2	Endoscopy GI - Medium	29,087	23,570	52,657	480	420	453
28.3	Endoscopy GI - High	3,577	2,920	6,497	558	472	519
29.1	Ano-Rectal Interventions, Local Anaesthetic	62	36	98	237	235	236
29.2	Ano-Rectal Interventions, General Anaesthetic	510	481	991	1,137	1,047	1,093
29.3	Ano-Rectal Interventions, Other Anaesthetic	1,155	898	2,053	622	570	599
29.4	Ano-Rectal Interventions, No Anaesthetic	219	206	425	148	191	168
30.1	Minor Anal Interventions, Local Anaesthetic	134	125	259	160	143	152
30.2	Minor Anal Interventions, General Anaesthetic	226	189	415	1,475	1,173	1,337
30.3	Minor Anal Interventions, Other Anaesthetic	2,036	1,338	3,374	628	592	613
30.4	Minor Anal Interventions, No Anaesthetic	1,128	1,163	2,291	301	305	303
31	Mechanical Implants	167	41	208	2,462	2,089	2,388
32	Lithotripsy	2,490	2,487	4,977	684	783	734
33	Upper Urinary Interventions	937	875	1,812	1,495	1,183	1,344
34.1	Lower Uri & Genital	1,157	1,073	2,230	1,361	1,296	1,330
34.2	Reconstruction, Vas Deferens	31	34	65	2,497	2,502	2,500
35.1	Bladder & Urethral Interventions, Local Anaesthetic	14,898	13,938	28,836	233	243	238
35.2	Bladder & Urethral Interventions, General Anaesthetic	997	968	1,965	1,051	1,004	1,028
35.3	Bladder & Urethral Interventions, Other Anaesthetic	781	840	1,621	642	607	624

Schedule 5 – Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
35.4	Bladder & Urethral Interventions, No Anaesthetic	193	148	341	272	306	286
36.1	Vasectomy	1,224	1,213	2,437	314	333	323
36.2	Other Male Genital Interventions	537	438	975	1,319	1,194	1,263
37	Circumcision 18+ years	265	234	499	1,035	978	1,008
37.1	Circumcision 0 < 1.5 years	855	1,059	1,914	211	195	202
37.2	Circumcision 1.5 < 6 years	139	166	305	1,022	1,019	1,020
37.3	Circumcision 6 < 12 years	127	130	257	1,072	1,012	1,041
37.4	Circumcision 12 < 18 years	67	52	119	1,100	1,089	1,095
38	Uro Diagnostic Interventions	3,250	3,317	6,567	338	276	307
39	Uterus & Adnexal Intervention	2,372	2,527	4,899	1,364	1,231	1,295
40	Endo & Gyn Interventions	2,733	2,846	5,579	897	857	877
41	Minor Gyn Interventions	5,362	5,469	10,831	271	256	264
42	Evacuations	2,643	2,787	5,430	603	543	572
43	Maxillo-Facial	170	146	316	1,326	1,396	1,358
44	Chest Wall Interventions	171	145	316	1,201	1,249	1,223
45.1	Upper Extremity Interventions	519	473	992	870	822	847
45.2	Shoulder Interventions	353	378	731	2,003	1,845	1,921
46	Open Reductions	566	382	948	1,496	1,714	1,584
47	Tendon & Muscle Interventions	1,574	1,351	2,925	740	784	760
48	Closed Reductions	4,155	4,065	8,220	358	393	375
49	Lower Extremity	59	89	148	1,643	1,316	1,446
50	Knee Interventions	3,517	3,413	6,930	1,251	1,184	1,218
51	Ankle & Foot	867	825	1,692	1,439	1,310	1,376
52.1	Remove Int Fixation, Lower Extremity	874	751	1,625	955	888	924
52.2	Other Removal, Int Fixation	819	724	1,543	469	465	467
53	Soft Tissue Interventions	1,388	1,057	2,445	543	485	518
54	Manipulations	79	82	161	663	566	614
55	Mastectomy	847	746	1,593	729	612	674
56.1	Augment/ Reduc Breast Bilateral	712	664	1,376	2,545	2,388	2,469
56.2	Augment/ Reduc Breast Unilateral	240	180	420	1,900	2,002	1,944
57	Breast Plastic Interventions	505	356	861	1,018	948	989
58.1	Ear & Cleft Lip Reconstruction	26	25	51	1,915	1,818	1,867

Schedule 5 – Ambulatory Care Yearly Comparisons

AHC Code	Description	Costed Cases			Average Cost		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
58.2	Face Rhytidectomy	65	10	75	2,481	2,010	2,419
58.3	Other Plastic Reconstruction	1,161	860	2,021	1,175	1,142	1,161
59.1	Skin Interventions, Local Anaesthetic	12,148	11,296	23,444	150	134	142
59.2	Skin Interventions, General Anaesthetic	1,003	919	1,922	1,394	1,198	1,300
59.3	Skin Interventions, Other Anaesthetic	2,097	1,877	3,974	212	205	209
59.4	Skin Interventions, No Anaesthetic	5,842	6,141	11,983	159	176	188
60	Dental Surgery	1,565	1,498	3,063	1,228	1,304	1,265
61.1	Biopsy, Other	769	722	1,491	849	797	824
61.2	Biopsy, Percutaneous	4,011	4,049	8,060	836	759	797
62	Hemodialysis	98,758	94,889	193,647	305	305	305
62.1	Home Hemodialysis Teaching			5			1,149
62.2	Selfcare Hemodialysis						
63	Transfusions	4,292	4,101	8,393	578	566	572
64	Cardioversion	676	596	1,272	490	500	494
65	Chemotherapy Oncology	216	316	532	404	407	406
66	Myelogram	43	34	77	776	529	667
68	Thyroid Interventions	23	20	43	1,992	1,493	1,760
69	Parotid Duct Interventions	22	23	45	2,175	1,093	1,622
70	Appendectomy	18	13	31	1,984	1,616	1,829
71	Gastro-Intestinal Related Interventions	1,124	1,345	2,469	375	376	376
72	Peritoneal Dialysis	552	481	1,033	464	444	454
72.1	Home Peritoneal Dialysis Teaching	2,915	3,508	6,423	180	157	167
73	Hos Visit Including Diagnostic Investigation of Vascular Sys						
74	Hospital Visit Including Nuclear Imaging	2,984	8,350	11,334	1,181	838	928
75	Hospital Visit Including CAT Scan	24,046	49,434	73,480	731	473	557
76	Hospital Visit Including MRI	855	34,316	35,171	1,192	577	592
77	Hospital Visit Radiotherapy	181	352	533	389	379	383
78	Chest Xray	8,373	8,949	17,322	69	78	74
79	Other Xray	22,255	23,620	45,875	173	122	147
80	Mammogram			5			142
81	Ultrasound	13,839	14,146	27,985	339	340	339
82.1	Extensive Sleep Studies	1,442	1,264	2,706	1,130	1,079	1,106

Schedule 5 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
82.2	Other Sleep Labs	2	278	280	666	219	222
83	Inner Ear	116	104	220	2,255	1,844	2,061
84	Hyperbaric Chamber	1,354	1,275	2,629	264	304	283
85	Discrete Diagnostic Investigation Of Vascular System						
86	Discrete Nuclear Imaging	5,371		5,371	742		742
87	Discrete CAT Scan	31,956		31,956	339		339
88	Discrete MRI	44,453		44,453	531		531
89	Discrete Radiotherapy	236		236	178		178
99	Ungroupables - Based on Interventions	81	87	168	2,455	1,316	1,865
201	Diag Inv General Cardiac 0 < 12 years	131	126	257	277	282	279
203	Diag Inv General Cardiac 12 < 18 years	139	101	240	298	263	283
205	Diag Inv General Cardiac 18+ years	7,103	6,153	13,256	396	397	397
206	Management General Cardiac 0 < 1.5 years	513	260	773	111	117	113
207	Management General Cardiac 1.5 < 12 years	999	741	1,740	118	117	117
208	Management General Cardiac 12 < 18 years	581	471	1,052	124	115	120
210	Management General Cardiac 18+ years	33,275	32,778	66,053	136	127	132
213	Dysrhythmia & Conductive Disorders	6,343	5,995	12,338	214	205	210
214	Congestive Heart Failure	3,941	3,995	7,936	215	174	194
215	Inflammatory Cardiac	118	85	203	256	203	233
216	Congenital Heart Disease	775	1,774	2,549	224	257	247
217	Diag Inv Angina	981	1,150	2,131	507	513	510
218	Management Angina	8,531	10,356	18,887	111	109	110
219	Diag Inv Vascular	563	625	1,188	370	382	376
220	Management Vascular	2,291	2,500	4,791	127	117	121
251	Diag Inv General Endocrinal 0 < 18 years	140	118	258	207	231	218
254	Diag Inv General Endocrinal 18+ years	63	58	121	277	314	294
255	Management General Endocrinal 0 < 1.5 years	337	265	602	124	96	112
256	Management General Endocrinal 1.5 < 6 years	320	306	626	97	95	96
257	Management General Endocrinal 6 < 18 years	727	614	1,341	77	65	72
258	Management General Endocrinal 18+ years	4,415	4,431	8,846	72	71	72
259	Management Diabetes < 18 years	2,071	2,218	4,289	231	234	233
260	Management Diabetes 18+ years	16,923	16,230	33,153	136	133	135

Schedule 5 – Ambulatory Care Yearly Comparisons

ARC/S Code	Description	Costed Cases			Average Cost		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
262	Thyrototoxicosis	1,136	1,017	2,153	61	61	61
264	Management Ketoacidosis	36	75	111	556	401	451
266	Fluid & Electrolyte < 6 years	320	359	679	386	340	361
267	Fluid & Electrolyte 6 + years	1,680	1,859	3,539	315	293	303
301	Diag Inv General ENT	3,657	3,710	7,367	236	235	236
303	Management General ENT	21,379	22,272	43,651	151	128	139
305	Otitis Media	6,019	7,107	13,126	99	98	99
306	Epistaxis	1,080	816	1,896	130	131	130
351	Diag Inv General Female Genital Disorders < 45 years	422	452	874	483	605	546
352	Diag Inv General Female Genital Disorders 45 + years	75	109	184	420	315	358
353	Management General Female Genital Disorders < 18 years	498	509	1,007	152	141	146
354	Management General Female Genital Disorders 18 < 45 years	5,554	7,016	12,570	121	107	113
355	Management General Female Genital Disorders 45 + years	1,755	2,015	3,770	124	109	116
356	Management Contraceptive	2,218	2,286	4,504	78	80	79
357	Diag Inv General Male Genital Disorders < 18 years	114	95	209	430	391	413
358	Diag Inv General Male Genital Disorders 18 + years	189	172	361	364	384	374
359	Management General Male Genital Disorders < 18 years	742	695	1,437	99	107	103
360	Management General Male Genital Disorders 18 + years	1,683	1,759	3,442	100	94	97
361	Diag Inv Other Genitourological Disorders < 18 years	314	296	610	356	380	368
362	Diag Inv Other Genitourological Disorders 18 + years	2,162	2,313	4,475	382	365	373
363	Management Other Genitourological Disorders < 18 years	3,541	3,579	7,120	147	157	152
364	Management Other Genitourological Disorders 18 + years	23,730	22,182	45,912	111	109	110
400	Diag Inv General Gastrointestinal 0 < 1.5 years	419	400	819	329	299	315
401	Diag Inv General Gastrointestinal 1.5 < 6 years	625	644	1,269	294	293	294
402	Diag Inv General Gastrointestinal 6 < 18 years	1,657	1,606	3,263	344	322	333
403	Diag Inv General Gastrointestinal 18 < 45 years	3,921	3,922	7,843	417	439	428
404	Diag Inv General Gastrointestinal 45 < 65 years	2,196	2,196	4,392	410	420	415
405	Diag Inv General Gastrointestinal 65 + years	1,879	1,872	3,751	440	460	450
406	Management General Gastrointestinal 0 < 1.5 years	5,127	4,800	9,927	132	128	130
407	Management General Gastrointestinal 1.5 < 6 years	4,924	4,450	9,374	148	138	144
408	Management General Gastrointestinal 6 < 18 years	5,896	5,100	10,996	148	141	145
409	Management General Gastrointestinal 18 < 45 years	15,901	13,559	29,460	137	141	139

Schedule 5 – Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
410	Management General Gastrointestinal 45 < 65 years	7,153	7,159	14,312	130	111	121
411	Management General Gastrointestinal 65 + years	3,460	3,678	7,138	147	126	136
412	Constipation with Disimpaction	31	33	64	394	420	408
413	GI Bleed/Perforation/Obstruction	1,512	1,326	2,838	224	240	231
451	Diag Inv Hematological	419	426	845	386	372	379
452	Management Hematological 0 < 6 years	832	1,043	1,875	206	195	200
453	Management Hematological 6 < 12 years	954	818	1,772	188	205	196
454	Management Hematological 12 < 18 years	993	1,014	2,007	218	248	233
455	Management Hematological 18 < 65 years	5,076	5,131	10,207	186	189	187
456	Management Hematological 65 + years	2,402	2,196	4,598	163	165	164
501	Diag Inv Hepatobiliary	898	855	1,753	529	526	528
502	Management Hepatobiliary	5,814	5,684	11,498	88	93	90
551	Diag Inv Infram Musculoskeletal 0 < 6 years	14	19	33	337	334	335
553	Diag Inv Infram Musculoskeletal 6 < 12 years	47	38	85	259	271	264
554	Diag Inv Infram Musculoskeletal 12 < 18 years	61	49	110	230	278	251
555	Diag Inv Infram Musculoskeletal 18 + years	1,734	1,714	3,448	232	279	256
556	Diag Inv Other Musculoskeletal < 18 years	7,457	7,586	15,043	130	165	148
557	Diag Inv Other Musculoskeletal 18 + years	30,744	31,129	61,873	148	183	166
558	Management Infram Musculoskeletal 0 < 6 years	139	135	274	146	119	132
560	Management Infram Musculoskeletal 6 < 12 years	192	186	378	120	106	113
561	Management Infram Musculoskeletal 12 < 18 years	291	241	532	104	100	102
562	Management Infram Musculoskeletal 18 + years	11,486	11,124	22,610	78	77	78
563	Management Other Musculoskeletal < 18 years	5,026	5,453	10,479	75	72	73
564	Management Other Musculoskeletal 18 + years	39,499	39,112	78,611	62	64	63
565	Diag Inv Congenital Musculoskeletal Deformities	42	43	85	332	340	336
566	Management Congenital Musculoskeletal Deformities	273	312	585	214	213	213
567	Diag Inv Other Infram Musculoskeletal	765	731	1,496	212	239	225
568	Management Other Infram Musculoskeletal	2,077	2,309	4,386	102	95	98
569	Infectious Musculoskeletal	1,233	1,470	2,703	162	139	149
601	Diag Inv General Neurology	532	549	1,081	293	290	291
602	Management General Neurology 0 < 6 years	1,115	1,047	2,162	133	155	144
603	Management General Neurology 6 < 12 years	1,138	1,150	2,288	156	195	175

Schedule 5 – Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases		Blended	Average Cost	
		2004/2005	2003/2004		2004/2005	2003/2004
604	Management General Neurology 12 < 18 years	751	596	1,347	134	141
605	Management General Neurology 18 < 65 years	4,754	4,623	9,377	124	132
606	Management General Neurology 65 + years	2,176	1,942	4,118	185	191
607	Migraine Headache	4,159	4,355	8,514	119	111
608	Diag Inv Headache	165	155	320	308	258
609	Management Headache	4,359	3,721	8,080	103	101
610	Diag Inv Meningitis	7	9	16	522	316
611	Management Meningitis	131	174	305	162	129
612	Diag Inv Cerebrovascular	509	463	972	419	413
613	Management Cerebrovascular	7,227	4,154	11,381	179	161
614	Diag Inv Convulsions	214	263	477	369	360
615	Management Convulsions	5,911	6,268	12,179	150	137
616	Diag Inv Vertigo	272	232	504	390	391
617	Management Vertigo	2,982	2,157	5,139	169	180
651	Antepartum Routine	1,270	901	2,171	115	152
652	Postpartum Routine	374	619	993	138	202
653	Diag Inv Neonatal & Congenital	93	87	180	291	335
654	Management Neonatal & Congenital	962	895	1,857	154	166
656	Delivery with Postpartum Complications	11	17	28	206	116
657	Delivery without Postpartum Complications	2	4	6	78	229
658	Postpartum Conditions Outcomes Uncomplicated	2,174	2,268	4,442	123	121
659	Diag Inv Pregnancy with Abortive	273	252	525	532	690
660	Management Pregnancy with Abortive Outcomes Uncomp	602	572	1,174	209	223
662	Diag Inv Antepartum	3,894	3,806	7,700	388	380
663	Management Antepartum	18,659	16,514	35,173	143	155
664	Diag Inv Pregnancy with Abortive Outcomes Complica	35	50	85	453	684
665	Management Pregnancy with Abortive Outcomes Complic	121	118	239	256	251
701	Diag Inv Oncological	427	389	816	333	357
702	Management Oncological	3,722	3,311	7,033	186	144
703	Radiotherapy (includes diagnosis code V58.0)			2		
704	IV Therapy -- Non Cancer Related	45,984	41,094	87,078	137	122
751	Diag Inv Ophthalmology 0 < 12 years	99	103	202	185	181

Schedule 5 – Ambulatory Care Yearly Comparisons

AACS Code	Description	Costed Cases			Average Cost		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
752	Diag Inv Ophthalmology 12 < 18 years	105	102	207	171	179	175
753	Diag Inv Ophthalmology 18 < 45 years	1,022	826	1,848	197	175	187
754	Diag Inv Ophthalmology 45 + years	6,822	5,648	12,470	209	177	195
755	Management Ophthalmology 0 < 12 years	4,253	4,395	8,648	91	87	89
756	Management Ophthalmology 12 < 18 years	1,323	1,403	2,726	87	82	85
757	Management Ophthalmology 18 < 45 years	7,532	6,944	14,476	90	88	89
758	Management Ophthalmology 45 + years	27,668	24,519	52,187	111	102	107
801	Diag Inv Psychiatry	472	446	918	319	333	326
802	Management Psychiatry	26,615	28,130	54,745	124	132	128
803	Drug & Alcohol Related Conditions	4,294	3,799	8,093	269	255	262
851	Diag Inv General Respiratory < 18 years	3,890	4,130	8,020	268	262	265
852	Diag Inv General Respiratory 18 + years	9,234	8,939	18,173	322	323	323
853	Management General Respiratory 0 < 1.5 years	2,734	3,135	5,869	155	151	153
854	Management General Respiratory 1.5 < 6 years	4,958	5,447	10,405	159	151	155
855	Management General Respiratory 6 < 18 years	4,148	4,370	8,518	156	143	149
856	Management General Respiratory 18 < 65 years	6,314	6,355	12,669	147	147	147
857	Management General Respiratory 65 + years	2,917	3,144	6,061	217	193	204
863	Diag Inv Severe Respiratory Disease	304	345	649	398	376	386
864	Management Severe Respiratory Disease	502	676	1,178	287	288	288
901	Diag Inv Skin & Soft Tissue	4,830	4,123	8,953	223	245	233
902	Management Skin & Soft Tissue	35,033	32,783	67,816	94	92	93
906	Cellulitis	5,064	5,284	10,348	154	153	154
951	Diag Inv Systemic Infection	1,968	2,035	4,003	308	301	304
952	Management Systemic Infection < 18 years	7,069	7,128	14,197	138	128	133
953	Management Systemic Infection 18 < 45 years	1,202	1,170	2,372	129	131	130
954	Management Systemic Infection 45 + years	650	575	1,225	128	133	130
955	Diag Inv AIDS	132	126	258	294	351	322
956	Management AIDS	2,502	2,834	5,336	148	143	145
999	Ungroupable	24	197	221	122	176	170
1001	Open Fracture Fingers & Toes	73	67	140	185	227	205
1002	Closed Fracture Fingers & Toes	2,498	2,361	4,859	117	135	126
1003	Fractured Nose, Open & Closed	423	391	814	142	151	147

Schedule 5 – Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
1004	Open Fracture & Dislocations Other	413	387	800	200	210	205
1005	Closed Fracture & Dislocations Other	11,657	11,756	23,413	181	205	193
1007	Open Wounds without Complications	4,789	4,762	9,551	109	114	111
1008	Open Wound with Complications	888	884	1,772	127	141	134
1009	Sprains	14,008	14,589	28,597	152	165	159
1010	Contusions Fingers/Toes	1,170	1,114	2,284	115	130	122
1011	Contusions except Fingers/Toes	9,793	10,025	19,818	152	163	158
1012	Open Wound Eye	304	281	585	110	99	105
1013	Foreign Body Eyes, Ears, Nose	781	831	1,612	88	88	88
1014	Foreign Body except Eyes, Ears, Nose	766	819	1,585	167	178	173
1015	Diag Inv Poisoning	305	286	591	469	479	474
1016	Management Poisoning	3,911	4,013	7,924	268	260	264
1017	Amputation except Fingers/Toes	1		1	135		
1018	Abuse/Sexual Assault 0 < 12 years	308	348	656	383	471	430
1019	Abuse/Sexual Assault 12+ years	340	362	702	302	310	306
1020	Burn Moderate to Severe	109	164	273	112	107	109
1021	Minor Other Injuries	7,283	7,393	14,676	156	165	160
1022	Moderate Other Injuries	1,270	1,208	2,478	493	563	527
1024	Comas	36	27	63	313	259	290
1025	Shock	255	254	509	229	233	231
1026	Open Spinal Fracture & Dislocation		1	1	591	591	591
1027	Closed Spinal Fracture & Dislocation	217	236	453	296	311	304
1028	Diag Inv Head Injury	408	491	899	281	297	290
1029	Management Head Injury	2,880	2,670	5,550	112	124	118
1030	Diag Inv Thoraco-Abdominal & Major Vascular	98	105	203	365	334	349
1031	Management Thoraco-Abdominal & Major Vascular	1,125	1,195	2,320	138	134	136
1032	Burn Minor 0 < 6 years	235	311	546	136	126	130
1033	Burn Minor 6 + years	1,103	1,102	2,205	94	94	94
1034	Diag Inv Major Other Injuries	22	24	46	276	348	313
1035	Management Major Other Injuries	164	164	328	211	388	299
1051	Assessment Referral	1,368	1,184	2,552	90	77	84
1052	Assessment Intake	9,014	7,904	16,918	250	266	258

Schedule 5 – Ambulatory Care Yearly Comparisons

AACS Code	Description	Costed Cases			Average Cost		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
1053	Assessment Collateral	77	85	162	179	202	191
1054	Legal Assessment Half Day						
1055	Legal Assessment Full Day						
1056	Assessment Specialized	3,523	3,674	7,197	226	223	224
1057	Individual Therapy	34,333	23,958	58,191	95	111	102
1058	Crisis/Intervention Calls Telephone Crisis Calls						
1059	Crisis/Intervention Calls Mobile Crisis Intervention Call						
1060	Couple Therapy	148	280	428	202	148	166
1061	Family Therapy	945	770	1,715	227	241	233
1062	Group Therapy	92,288	76,342	168,630	27	31	29
1063	ECT	1,236	187	1,423	321	240	310
1064	Medication Administration	7,770	6,916	14,686	168	175	172
1065	Patient Specific Consultations/Case Supervision	15,807	12,934	28,741	95	93	94
1066	Patient Specific Hearings						
1067	Patient Specific Professional Reports and Applications						
1068	Patient Specific Critical Incident Documentation						
1069	Diagnostic Testing/ Scoring Testing Type 1	312	88	400	189	192	190
1070	Diagnostic Testing/ Scoring Testing Type 2	121	189	310	623	517	558
1071	Diagnostic Testing/ Scoring Testing Type 3	64	61	125	1,331	1,316	1,324
1072	Therapeutic Milieu Programs Half Day	804	982	1,786	73	80	77
1073	Therapeutic Milieu Programs Full Day			5			675
1074	Mental Health Education 0-120 min	9,230	9,007	18,237	87	98	92
1075	Mental Health Education 121-240 min	19		19	528		528
1076	Mental Health Education 241-360 min						
1077	Mental Health Education 361-480 min						
1101	OT Group 1	14,508	16,879	31,387	19	19	19
1102	OT Group 2	13,884	14,443	28,327	47	46	47
1103	OT Group 3	4,273	4,459	8,732	68	66	67
1104	OT Group 4	16,511	17,718	34,229	163	158	161
1105	OT Group 5	1,200	1,541	2,741	197	180	187
1106	OT Group 6	647	740	1,387	350	336	343
1111	Physical Therapy Group 1	25,561	26,008	51,569	32	34	33

Schedule 5 – Ambulatory Care Yearly Comparisons

AACS Code	Description	Costed Cases			Blended	Average Cost		
		2004/2005	2003/2004	2004/2005		2004/2005	2003/2004	Blended
1112	Physical Therapy Group 2	27,239	30,767	58,006	51	50	50	50
1113	Physical Therapy Group 3	6,126	6,727	12,853	64	60	60	62
1114	Physical Therapy Group 4	19,650	19,727	39,377	118	114	114	116
1115	Physical Therapy Group 5	1,193	1,031	2,224	169	178	178	173
1116	Physical Therapy Group 6	494	424	918	305	315	315	310
1121	Recreational Therapy Group 1	6,156	5,577	11,733	20	22	22	21
1122	Recreational Therapy Group 2	3,554	4,368	7,922	42	48	48	45
1123	Recreational Therapy Group 3	269	325	594	60	69	69	65
1124	Recreational Therapy Group 4	1,227	1,566	2,793	113	108	108	110
1125	Recreational Therapy Group 5	71	82	153	174	189	189	182
1126	Recreational Therapy Group 6	31	24	55	257	286	286	270
1131	Speech-Language Pathology Group 1	3,046	4,203	7,249	40	28	28	33
1132	Speech-Language Pathology Group 2	5,713	5,962	11,675	61	60	60	60
1133	Speech-Language Pathology Group 3	349	136	485	99	88	88	96
1134	Speech-Language Pathology Group 4	11,649	11,373	23,022	249	240	240	244
1135	Speech-Language Pathology Group 5	444	361	805	260	331	331	292
1136	Speech-Language Pathology Group 6	340	373	713	494	504	504	499
1141	Audiology Group 1	138	826	964	52	164	164	148
1142	Audiology Group 2	1,999	1,642	3,641	81	76	76	79
1143	Audiology Group 3	5,756	4,083	9,839	283	336	336	305
1144	Audiology Group 4	273	216	489	649	672	672	659
1145	Audiology Group 5 - Cochlear Implant							
1151	Resp Therapy Group 1	6,115	7,375	13,490	47	45	45	46
1152	Resp Therapy Group 2	10,084	9,917	20,001	80	91	91	85
1153	Resp Therapy Group 3	5,133	5,687	10,820	66	76	76	71
1154	Resp Therapy Group 4	7,271	8,541	15,812	136	163	163	151
1155	Resp Therapy Group 5	2,957	2,986	5,943	166	180	180	173
1156	Resp Therapy Group 6	2,492	2,807	5,299	337	336	336	337
1201	Clinical Nutrition Group 1	20,125	17,061	37,186	30	27	27	29
1202	Clinical Nutrition Group 2	13,248	11,014	24,262	63	61	61	62
1203	Clinical Nutrition Group 3	2,925	2,599	5,524	105	75	75	91
1204	Clinical Nutrition Group 4	11,812	10,294	22,106	166	174	174	170

Schedule 5 – Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
1205	Clinical Nutrition Group 5	1,314	990	2,304	205	194	200
1206	Clinical Nutrition Group 6	426	327	753	317	315	316
1221	Social Work Group 1	10,933	13,151	24,084	53	50	51
1222	Social Work Group 2	7,925	8,772	16,697	115	111	113
1223	Social Work Group 3	1,356	1,389	2,745	197	197	197
1224	Social Work Group 4	1,087	1,169	2,256	310	338	325
1225	Social Work Group 5	116	121	237	381	425	403
1226	Social Work Group 6	17	27	44	603	677	648
1241	Psychology Group 1	4,328	7,390	11,718	60	49	53
1242	Psychology Group 2	3,813	2,971	6,784	165	149	158
1243	Psychology Group 3	836	681	1,517	273	240	258
1244	Psychology Group 4	2,455	2,710	5,165	575	497	534
1245	Psychology Group 5	303	293	596	792	666	730
1246	Psychology Group 6	129	126	255	1,761	1,589	1,676
1247	Psychology Group 7	88		88	516		516
1248	Psychology Group 8	72		72	603		603
1249	Psychology Group 9	45		45	734		734
2001	Critical Care Unit or O.R. with Secondary Diagnosis	1,500	1,523	3,023	485	502	493
2002	Critical Care Unit or O.R. without Secondary Diagnosis	2,204	1,781	3,985	539	629	579
2003	Other Unit with Secondary Diagnosis	17,125	17,191	34,316	440	442	441
2004	Other Unit without Secondary Diagnosis	16,941	16,817	33,758	372	369	371
2021	DOA	22	8	30	112	19	88
2022	Died During Visit	199	167	366	349	268	312
2023	Death - Organ Donor	1		1	30		30
2041	Patient Transferred with Secondary Diagnosis	2,937	2,643	5,580	536	540	538
2042	Patient Transferred without Secondary Diagnosis	2,328	1,976	4,304	466	485	474
2050	Diag Inv General Symptoms/ Exam	10,746	9,817	20,563	261	272	266
2051	Management General Symptoms/ Exam < 18 years	7,750	9,702	17,452	187	206	198
2052	Management General Symptoms/ Exam 18 < 45 years	8,762	14,267	23,029	118	130	126
2053	Management General Symptoms/ Exam 45 < 65 years	9,222	9,054	18,276	121	128	124
2054	Management General Symptoms/ Exam 65+ years	9,136	8,977	18,113	162	174	168
2059	Prophylactic Vaccination	2,857	3,045	5,902	135	125	130

Schedule 5 – Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
2060	Therapeutic Medical Counseling	5,951	6,911	12,862	156	143	149
2062	Preoperative Exam	40,861	32,808	73,669	229	212	221
2064	Therapy - No Intervention Code	11,843	9,926	21,769	134	126	131
2066	Contact/Carrier of Communicable Disease	258	228	486	147	93	122
2067	Health Hazard Related to Personal/Family History	1,058	1,090	2,148	2,506	1,640	2,066
2068	Routine Health Supervision	10,861	10,672	21,533	82	95	88
2069	Postsurgical Status	8,643	9,242	17,885	155	117	135
2070	Follow-up/Convalescence	18,946	18,269	37,215	92	83	88
2071	Screening Exam	4,024	4,155	8,179	192	187	190
2072	Screening Exam - Genetics						
2073	Genetic Counselling	1,771	1,922	3,693	1,093	1,063	1,077
2081	Non Registered Service Recipients						
2082	Mode of Service - Telephone	186,234	172,532	358,766	53	49	51
2099	Patient Left Without Being Seen	700	1,232	1,932	125	144	137

Schedule 6 -- Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2004/2005				Average Cost	Coefficient of Variation	Standard Deviation
			Activity	Costed Cases	Blended Costed Cases				
1.1	Nerve & Other, Local Anaesthetic	1.1746	1,541	766	1,295	236	0.50	117	
1.2	Nerve & Other, General Anaesthetic	7.6577	1,203	746	1,547	1,596	0.43	690	
1.3	Nerve & Other, Other Anaesthetic	4.4327	1,559	244	419	859	0.48	408	
1.4	Nerve & Other, No Anaesthetic	0.5604	1,126	949	1,842	115	0.55	64	
2	Spinal	2.8280	4,460	1,819	3,737	615	0.80	491	
3	Nerve Injection	0.4342	1,550	1,077	1,990	94	1.14	107	
4	Orbital & Other Eye	6.0293	3,402	1,324	2,831	1,238	0.67	823	
5	Lens Interventions	2.8577	24,305	7,125	13,809	609	0.55	336	
6	Iris & Other Eye	0.4805	879	765	1,206	96	1.52	146	
7	Strabismus	5.9867	1,085	851	1,724	1,396	0.29	403	
8	External Eye	1.8467	17,596	5,757	11,583	380	1.76	668	
9	Bronch/Pharynx	5.5473	83	53	94	1,233	0.66	818	
10	Tympanoplasty	6.1913	957	688	1,210	1,405	0.41	573	
11	Sinus Interventions	7.3417	1,442	793	1,558	1,528	0.37	561	
12	Other Sinus	4.8366	551	69	158	1,065	0.60	636	
13	Tonsils & Adenoids 12+ years	4.3377	1,914	931	1,729	946	0.50	477	
13.1	Tonsils & Adenoids 0 < 6 years	4.4976	759	522	1,007	1,097	0.35	379	
13.2	Tonsils & Adenoids 6 < 12 years	4.6874	1,206	791	1,599	1,136	0.33	378	
14	Nasal Interventions	3.1462	7,764	2,763	5,401	854	0.98	642	
15	Other Respiratory	4.7001	588	194	422	995	0.78	774	
16	External Ear 18+ years	1.4649	2,841	297	605	300	1.24	372	
16.1	External Ear 0 < 1.5 years	2.8755	341	208	463	707	0.50	357	
16.2	External Ear 1.5 < 6 years	2.6668	1,658	958	1,913	656	0.33	219	
16.3	External Ear 6 < 12 years	2.5888	876	413	800	625	0.45	279	
16.4	External Ear 12 < 18 years	2.3221	264	83	161	541	0.69	375	
17	Respiratory Endoscopy - ENT	2.2571	5,084	2,832	5,743	486	0.89	435	
18	Pacemaker Implant	72.3251	955	329	374	15,709	0.73	11,423	
19	Cardiac Catheter 18+ years	6.0115	9,501	3,280	6,435	1,296	0.55	719	
19.1	Cardiac Catheter 0 < 6 years	17.0974	59	54	108	3,825	0.49	1,888	
19.2	Cardiac Catheter 6 < 18 years	19.0580	160	134	219	4,258	0.54	2,291	
20	Angiography 18+ years	9.6160	3,943	2,497	4,794	2,048	0.77	1,577	

Schedule 6 – Ambulatory Care Statistical Background

ACoS Code	Description	2004/2005					Average Cost	Coefficient of Variation	Standard Deviation
		SWRV	Activity	Costed Cases	Blended Costed Cases				
20.1	Angiography 0 < 6 years	5.3895	7	6	9		1,182	0.47	559
20.2	Angiography 6 < 12 years	7.6104	5	3	13		1,673	0.33	546
20.3	Angiography 12 < 18 years	9.7067	37	28	52		2,129	0.67	1,419
21	Vascular Interventions 18 + years	6.3317	3,568	1,542	2,572		1,380	0.63	876
21.1	Vascular Interventions 0 < 18 years	4.9999	157	129	229		1,152	0.56	642
22	Other Vascular Interventions	5.8029	1,308	750	1,430		1,125	0.63	713
23.1	Lymphatic Interventions, Local Anaesthetic	2.2708	115	34	47		510	0.64	327
23.2	Lymphatic Interventions, General Anaesthetic	9.8285	651	492	890		2,145	0.46	990
23.3	Lymphatic Interventions, Other Anaesthetic	4.0214	155	127	183		891	0.57	512
23.4	Lymphatic Interventions, No Anaesthetic	1.2609	200	123	225		263	0.81	214
24	Minor Vascular	1.0312	7,801	3,159	5,508		217	1.04	225
25	Cholecystectomy	8.4858	3,104	1,685	3,243		1,695	0.34	576
26	Hernia	7.0928	6,959	3,210	6,368		1,472	0.37	540
27	ERCP	5.5665	2,309	1,021	2,005		1,189	0.56	670
28.1	Endoscopy GI - Low	2.6889	1,799	1,141	2,108		575	0.70	400
28.2	Endoscopy GI - Medium	2.1498	57,994	29,087	52,657		453	0.56	252
28.3	Endoscopy GI - High	2.4577	7,290	3,577	6,497		519	0.47	246
29.1	Ano-Rectal Interventions, Local Anaesthetic	1.1259	262	62	98		236	0.65	154
29.2	Ano-Rectal Interventions, General Anaesthetic	5.3804	1,032	510	991		1,093	0.34	370
29.3	Ano-Rectal Interventions, Other Anaesthetic	2.8498	2,373	1,155	2,053		599	0.50	302
29.4	Ano-Rectal Interventions, No Anaesthetic	0.8346	502	219	425		168	0.68	114
30.1	Minor Anal Interventions, Local Anaesthetic	0.7349	423	134	259		152	0.75	114
30.2	Minor Anal Interventions, General Anaesthetic	5.8227	392	226	415		1,337	0.48	646
30.3	Minor Anal Interventions, Other Anaesthetic	2.9866	3,103	2,036	3,374		613	0.48	294
30.4	Minor Anal Interventions, No Anaesthetic	1.5821	3,313	1,128	2,291		303	0.81	246
31	Mechanical Implants	10.7315	170	167	208		2,388	1.24	2,960
32	Lithotripsy	3.5551	2,500	2,490	4,977		734	0.26	189
33	Upper Urinary Interventions	6.3420	1,841	937	1,812		1,344	0.61	822
34.1	Lower Uri & Genital	6.1192	1,794	1,157	2,230		1,330	0.45	596
34.2	Reconstruction, Vas Deferens	11.9421	71	31	65		2,500	0.41	1,026
35.1	Bladder & Urethral Interventions, Local Anaesthetic	1.1975	18,153	14,898	28,836		238	0.61	145

Schedule 6 -- Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2004/2005				Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
			Activity	Costed Cases						
35.2	Bladder & Urethral Interventions, General Anaesthetic	4.8527	1,494	997		1,965	1,028	0.41	0.41	419
35.3	Bladder & Urethral Interventions, Other Anaesthetic	3.0443	993	781		1,621	624	0.60	0.60	375
35.4	Bladder & Urethral Interventions, No Anaesthetic	1.4386	3,280	193		341	286	0.82	0.82	234
36.1	Vasectomy	1.6301	2,816	1,224		2,437	323	0.73	0.73	236
36.2	Other Male Genital Interventions	5.9074	769	537		975	1,263	0.41	0.41	517
37	Circumcision 18 + years	4.9749	399	265		499	1,008	0.40	0.40	404
37.1	Circumcision 0 < 1.5 years	0.9993	2,181	855		1,914	202	0.89	0.89	180
37.2	Circumcision 1.5 < 6 years	4.1446	294	139		305	1,020	0.29	0.29	297
37.3	Circumcision 6 < 12 years	4.4253	209	127		257	1,041	0.30	0.30	308
37.4	Circumcision 12 < 18 years	4.8492	97	67		119	1,095	0.38	0.38	415
38	Uro Diagnostic Interventions	1.3256	6,229	3,250		6,567	307	0.46	0.46	143
39	Uterus & Adnexal Intervention	6.3596	5,585	2,372		4,899	1,295	0.42	0.42	545
40	Endo & Gyn Interventions	4.3757	7,579	2,733		5,579	877	0.34	0.34	301
41	Minor Gyn Interventions	1.2655	20,180	5,362		10,831	264	0.85	0.85	224
42	Evacuators	2.7639	13,879	2,643		5,430	572	0.44	0.44	250
43	Maxillo-Facial	6.4281	561	170		316	1,358	0.66	0.66	902
44	Chest Wall Interventions	5.6675	337	171		316	1,223	0.86	0.86	1,054
45.1	Upper Extremity Interventions	4.0685	1,180	519		992	847	0.87	0.87	737
45.2	Shoulder Interventions	10.0649	1,334	353		731	1,921	0.31	0.31	598
46	Open Reductions	7.3002	1,007	566		948	1,584	0.68	0.68	1,081
47	Tendon & Muscle Interventions	3.5722	4,008	1,574		2,925	760	0.98	0.98	745
48	Closed Reductions	1.7432	10,717	4,155		8,220	375	0.74	0.74	276
49	Lower Extremity	6.8588	153	59		148	1,446	0.54	0.54	786
50	Knee Interventions	6.2148	8,027	3,517		6,930	1,218	0.45	0.45	547
51	Ankle & Foot	6.6966	2,457	867		1,692	1,376	0.56	0.56	776
52.1	Remove Int Fixation, Lower Extremity	4.4082	2,570	874		1,625	924	0.70	0.70	645
52.2	Other Removal, Int Fixation	2.1770	1,696	819		1,543	467	1.14	1.14	531
53	Soft Tissue Interventions	2.4769	3,335	1,388		2,445	518	1.11	1.11	576
54	Manipulations	2.8598	221	79		161	614	0.56	0.56	343
55	Mastectomy	3.2610	3,042	847		1,593	674	1.04	1.04	701
56.1	Augment/ Reduc Breast Bilateral	11.3425	1,301	712		1,376	2,469	0.29	0.29	717

Schedule 6 – Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2004/2005				Coefficient of Variation	Standard Deviation
			Activity	Costed Cases	Blended Costed Cases	Average Cost		
56.2	Augment/Reduc Breast Unilateral	8.9946	449	240	420	1,944	0.44	854
57	Breast Plastic Interventions	4.7558	1,198	505	861	989	0.92	908
58.1	Ear & Cleft Lip Reconstruction	8.6035	30	26	51	1,867	0.43	809
58.2	Face Rhytidectomy	9.8188	110	65	75	2,419	0.48	1,159
58.3	Other Plastic Reconstruction	5.1509	3,614	1,161	2,021	1,161	0.73	846
59.1	Skin Interventions, Local Anaesthetic	0.6883	55,828	12,148	23,444	142	0.92	131
59.2	Skin Interventions, General Anaesthetic	5.9629	2,947	1,003	1,922	1,300	0.48	628
59.3	Skin Interventions, Other Anaesthetic	0.9587	5,009	2,097	3,974	209	0.95	199
59.4	Skin Interventions, No Anaesthetic	0.8187	42,707	5,842	11,983	168	0.66	111
60	Dental Surgery	5.1489	8,537	1,565	3,063	1,265	0.64	814
61.1	Biopsy, Other	3.7947	1,646	769	1,491	824	0.70	580
61.2	Biopsy, Percutaneous	3.7693	8,077	4,011	8,060	797	0.77	614
62	Hemodialysis	1.4055	192,214	98,758	193,647	305	0.24	72
62.1	Home Hemodialysis Teaching	5.2493	489		5	1,149	0.34	394
62.2	Selfcare Hemodialysis							
63	Transfusions	2.7340	9,228	4,292	8,393	572	0.64	367
64	Cardioversion	2.3627	1,519	676	1,272	494	0.94	466
65	Chemotherapy Oncology	1.8840	1,997	216	532	406	1.16	471
66	Myelogram	3.0418	269	43	77	667	0.37	248
68	Thyroid Interventions	8.2216	35	23	43	1,760	0.33	580
69	Parotid Duct Interventions	7.4319	59	22	45	1,622	0.86	1,400
70	Appendectomy	8.8825	78	18	31	1,829	0.46	840
71	Gastro-Intestinal Related Interventions	1.8631	2,254	1,124	2,469	376	0.77	289
72	Peritoneal Dialysis	2.0875	1,084	552	1,033	454	0.69	312
72.1	Home Peritoneal Dialysis Teaching	0.7714	3,082	2,915	6,423	167	1.08	181
73	Hos Visit Including Diagnostic Investigation of Vascular Sys							
74	Hospital Visit Including Nuclear Imaging	4.4122	10,487	2,984	11,334	928	0.45	414
75	Hospital Visit Including CAT Scan	2.6604	53,046	24,046	73,480	557	0.74	410
76	Hospital Visit Including MRI	2.9864	4,928	855	35,171	592	0.52	308
77	Hospital Visit Radiotherapy	1.7541	200	181	533	383	0.93	357
78	Chest Xray	0.3825	75,552	8,373	17,322	74	0.48	35

Schedule 6 – Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2004/2005				Average Cost	Coefficient of Variation	Standard Deviation
			Activity	Costed Cases	Blended Costed Cases				
79	Other Xray	0.7524	181,647	22,255	45,875	147	0.81	119	
80	Mammogram	0.6477	6,481		5	142	0.18	26	
81	Ultrasound	1.6805	70,365	13,839	27,985	339	0.67	228	
82.1	Extensive Sleep Studies	5.0842	2,678	1,442	2,706	1,106	0.21	229	
82.2	Other Sleep Labs	1.0647	12	2	280	222	0.72	160	
83	Inner Ear	9.2960	133	116	220	2,061	0.47	969	
84	Hyperbaric Chamber	1.3076	2,007	1,354	2,629	283	0.39	112	
85	Discrete Diagnostic Investigation Of Vascular System	1.0000	1						
86	Discrete Nuclear Imaging	3.4138	17,511	5,371	5,371	742	0.51	375	
87	Discrete CAT Scan	1.6219	83,419	31,956	31,956	339	0.55	188	
88	Discrete MRI	2.5959	62,746	44,453	44,453	531	0.50	263	
89	Discrete Radiotherapy	0.8170	556	236	236	178	0.06	10	
99	Ungroupables - Based on Interventions	8.4044	151	81	168	1,865	1.00	1,862	
201	Diag Inv General Cardiac 0 < 12 years	1.2475	318	131	257	279	0.69	192	
203	Diag Inv General Cardiac 12 < 18 years	1.2829	328	139	240	283	0.67	190	
205	Diag Inv General Cardiac 18+ years	1.9269	17,100	7,103	13,256	397	0.53	210	
206	Management General Cardiac 0 < 1.5 years	0.5125	2,648	513	773	113	0.81	91	
207	Management General Cardiac 1.5 < 12 years	0.5356	5,333	999	1,740	117	0.69	81	
208	Management General Cardiac 12 < 18 years	0.5554	3,943	581	1,052	120	0.62	74	
210	Management General Cardiac 18+ years	0.6261	142,957	33,275	66,053	132	1.03	136	
213	Dysrhythmia & Conductive Disorders	1.0328	24,735	6,343	12,338	210	0.92	193	
214	Congestive Heart Failure	0.9172	6,856	3,941	7,936	194	0.88	172	
215	Inflammatory Cardiac	1.1188	226	118	203	233	1.01	236	
216	Congenital Heart Disease	1.1477	2,606	775	2,549	247	0.93	230	
217	Diag Inv Angina	2.4845	2,019	981	2,131	510	0.62	319	
218	Management Angina	0.4490	15,978	8,531	18,887	110	1.09	120	
219	Diag Inv Vascular	1.8280	2,097	563	1,188	376	0.54	202	
220	Management Vascular	0.5993	10,742	2,291	4,791	121	1.22	148	
251	Diag Inv General Endocrinal 0 < 18 years	0.9823	177	140	258	218	0.94	204	
254	Diag Inv General Endocrinal 18 + years	1.4305	176	63	121	294	0.70	205	
255	Management General Endocrinal 0 < 1.5 years	0.5054	672	337	602	112	1.17	130	

Schedule 6 – Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2004/2005				Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
			Activity	Costed Cases	Costed Cases	Costed Cases				
256	Management General Endocrinal 1.5 < 6 years	0.4341	721	320	626	626	96	1.42	1.42	136
257	Management General Endocrinal 6 < 18 years	0.3278	1,528	727	1,341	1,341	72	1.45	1.45	104
258	Management General Endocrinal 18 + years	0.3508	12,163	4,415	8,846	8,846	72	1.07	1.07	77
259	Management Diabetes < 18 years	1.0690	6,646	2,071	4,289	4,289	233	0.57	0.57	132
260	Management Diabetes 18 + years	0.6496	34,595	16,923	33,153	33,153	135	0.89	0.89	120
262	Thyrotoxicosis	0.2877	1,553	1,136	2,153	2,153	61	1.08	1.08	66
264	Management Ketoacidosis	2.2139	119	36	111	111	451	0.57	0.57	258
266	Fluid & Electrolyte < 6 years	1.5436	549	320	679	679	361	0.51	0.51	183
267	Fluid & Electrolyte 6 + years	1.4809	4,952	1,880	3,539	3,539	303	0.74	0.74	223
301	Diag Inv General ENT	1.1398	10,324	3,657	7,367	7,367	236	0.50	0.50	118
303	Management General ENT	0.6528	184,054	21,379	43,651	43,651	139	3.17	3.17	442
305	Otitis Media	0.4488	38,157	6,019	13,126	13,126	99	0.78	0.78	76
306	Epistaxis	0.6213	4,279	1,080	1,896	1,896	130	0.81	0.81	105
351	Diag Inv General Female Genital Disorders < 45 years	2.6858	1,189	422	874	874	546	0.62	0.62	337
352	Diag Inv General Female Genital Disorders 45 + years	1.7817	166	75	184	184	358	0.94	0.94	336
353	Management General Female Genital Disorders < 18 years	0.6978	2,139	498	1,007	1,007	146	0.96	0.96	141
354	Management General Female Genital Disorders 18 < 45 years	0.5610	17,313	5,554	12,570	12,570	113	1.26	1.26	142
355	Management General Female Genital Disorders 45 + years	0.5937	6,710	1,755	3,770	3,770	116	0.88	0.88	103
356	Management Contraceptive	0.3836	9,520	2,218	4,504	4,504	79	0.83	0.83	65
357	Diag Inv General Male Genital Disorders < 18 years	1.8097	158	114	209	209	413	0.43	0.43	177
358	Diag Inv General Male Genital Disorders 18 + years	1.8765	490	189	361	361	374	0.50	0.50	188
359	Management General Male Genital Disorders < 18 years	0.4514	2,446	742	1,437	1,437	103	1.03	1.03	106
360	Management General Male Genital Disorders 18 + years	0.4877	6,168	1,683	3,442	3,442	97	1.34	1.34	129
361	Diag Inv Other Genitourological Disorders < 18 years	1.6388	787	314	610	610	368	0.73	0.73	267
362	Diag Inv Other Genitourological Disorders 18 + years	1.8828	6,501	2,162	4,475	4,475	373	0.53	0.53	199
363	Management Other Genitourological Disorders < 18 years	0.6668	13,240	3,541	7,120	7,120	152	1.08	1.08	164
364	Management Other Genitourological Disorders 18 + years	0.5345	77,955	23,730	45,912	45,912	110	1.16	1.16	128
400	Diag Inv General Gastrointestinal 0 < 1.5 years	1.3635	671	419	819	819	315	0.51	0.51	160
401	Diag Inv General Gastrointestinal 1.5 < 6 years	1.2887	1,267	625	1,269	1,269	294	0.55	0.55	162
402	Diag Inv General Gastrointestinal 6 < 18 years	1.5132	3,557	1,657	3,263	3,263	333	0.58	0.58	192
403	Diag Inv General Gastrointestinal 18 < 45 years	2.1511	11,144	3,321	7,843	7,843	428	0.51	0.51	220

Schedule 6 – Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2004/2005			Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
			Activity	Costed Cases	Costed Cases				
404	Diag Inv General Gastrointestinal 45 < 65 years	2.0869	6,081	2,196	4,392	415	0.46	192	
405	Diag Inv General Gastrointestinal 65 + years	2.2393	5,184	1,879	3,751	450	0.44	197	
406	Management General Gastrointestinal 0 < 1.5 years	0.5623	12,550	5,127	9,927	130	0.77	100	
407	Management General Gastrointestinal 1.5 < 6 years	0.6117	14,137	4,924	9,374	144	0.82	118	
408	Management General Gastrointestinal 6 < 18 years	0.6362	22,963	5,896	10,996	145	0.89	129	
409	Management General Gastrointestinal 18 < 45 years	0.6946	76,113	15,901	29,460	139	0.98	136	
410	Management General Gastrointestinal 45 < 65 years	0.5957	34,145	7,153	14,312	121	1.09	132	
411	Management General Gastrointestinal 65 + years	0.6728	19,045	3,460	7,138	136	0.94	128	
412	Constipation with Disimpaction	1.8895	94	31	64	408	0.80	328	
413	GI Bleed/ Perforation/ Obstruction	1.1252	9,950	1,512	2,838	231	0.95	220	
451	Diag Inv Hematological	1.7767	1,001	419	845	379	0.61	230	
452	Management Hematological 0 < 6 years	0.8998	3,345	832	1,875	200	0.95	190	
453	Management Hematological 6 < 12 years	0.8897	2,592	954	1,772	196	0.83	162	
454	Management Hematological 12 < 18 years	1.0754	2,462	993	2,007	233	0.91	213	
455	Management Hematological 18 < 65 years	0.8770	13,360	5,076	10,207	187	1.09	204	
456	Management Hematological 65 + years	0.7585	7,120	2,402	4,598	164	1.08	177	
501	Diag Inv Hepatobiliary	2.6285	2,008	898	1,753	528	0.47	249	
502	Management Hepatobiliary	0.4383	16,940	5,814	11,498	90	1.38	124	
551	Diag Inv Infram Musculoskeletal 0 < 6 years	1.4267	50	14	33	335	0.74	247	
553	Diag Inv Infram Musculoskeletal 6 < 12 years	1.0949	111	47	85	264	1.09	288	
554	Diag Inv Infram Musculoskeletal 12 < 18 years	1.1052	216	61	110	251	0.60	151	
555	Diag Inv Infram Musculoskeletal 18 + years	1.2555	6,656	1,734	3,448	256	0.61	157	
556	Diag Inv Other Musculoskeletal < 18 years	0.6910	23,037	7,457	15,043	148	0.56	83	
557	Diag Inv Other Musculoskeletal 18 + years	0.7997	78,860	30,744	61,873	166	0.55	92	
558	Management Infram Musculoskeletal 0 < 6 years	0.5236	556	139	274	132	0.94	125	
560	Management Infram Musculoskeletal 6 < 12 years	0.4456	1,144	192	378	113	0.90	101	
561	Management Infram Musculoskeletal 12 < 18 years	0.4192	1,786	291	532	102	0.89	91	
562	Management Infram Musculoskeletal 18 + years	0.3708	37,307	11,486	22,610	78	1.18	92	
563	Management Other Musculoskeletal < 18 years	0.3288	21,314	5,026	10,479	73	1.85	136	
564	Management Other Musculoskeletal 18 + years	0.3073	124,434	39,499	78,611	63	1.26	79	
565	Diag Inv Congenital Musculoskeletal Deformities	1.4153	203	42	85	336	0.99	334	

Schedule 6 – Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
			Activity	Costed Cases				
566	Management Congenital Musculoskeletal Deformities	0.9241	1,672	273	585	213	1.19	254
567	Diag Inv Other Inflamm Musculoskeletal	1.1126	2,882	765	1,496	225	0.68	153
568	Management Other Inflamm Musculoskeletal	0.4821	12,496	2,077	4,386	98	1.39	137
569	Infectious Musculoskeletal	0.7104	1,824	1,233	2,703	149	1.35	201
601	Diag Inv General Neurology	1.3591	2,332	532	1,081	291	0.63	184
602	Management General Neurology 0 < 6 years	0.5671	3,810	1,115	2,162	144	1.21	174
603	Management General Neurology 6 < 12 years	0.6585	4,055	1,138	2,288	175	1.40	246
604	Management General Neurology 12 < 18 years	0.5396	3,779	751	1,347	137	1.37	188
605	Management General Neurology 18 < 65 years	0.5944	36,346	4,754	9,377	128	1.14	147
606	Management General Neurology 65 + years	0.7379	11,623	2,176	4,118	188	1.19	224
607	Migraine Headache	0.5610	25,503	4,159	8,514	115	0.83	96
608	Diag Inv Headache	1.4201	589	165	320	284	0.51	146
609	Management Headache	0.5105	18,703	4,359	8,080	102	0.92	94
610	Diag Inv Meningitis	1.9116	14	7	16	406	0.58	237
611	Management Meningitis	0.6524	246	131	305	143	1.14	163
612	Diag Inv Cerebrovascular	2.0234	1,382	509	972	416	0.45	187
613	Management Cerebrovascular	0.7704	14,954	7,227	11,381	172	0.77	132
614	Diag Inv Convulsions	1.7336	538	214	477	364	0.44	161
615	Management Convulsions	0.6005	18,216	5,911	12,179	143	1.02	146
616	Diag Inv Vertigo	1.9593	867	272	504	390	0.44	170
617	Management Vertigo	0.8435	11,902	2,982	5,139	173	0.81	141
651	Antepartum Routine	0.6701	32,797	1,270	2,171	130	1.06	138
652	Postpartum Routine	0.9345	1,535	374	993	178	0.83	147
653	Diag Inv Neonatal & Congenital	1.3690	141	93	180	312	0.64	198
654	Management Neonatal & Congenital	0.6767	3,587	962	1,857	159	0.94	150
656	Delivery with Postpartum Complications	0.7382	80	11	28	151	0.76	115
657	Delivery without Postpartum Complications	0.8435	82	2	6	178	0.61	109
658	Postpartum Conditions Outcomes Uncomplicated	0.6049	4,496	2,174	4,442	122	1.00	123
659	Diag Inv Pregnancy with Abortive	3.0747	990	273	525	608	0.36	220
660	Management Pregnancy with Abortive Outcomes Uncomp	1.1054	2,523	602	1,174	216	0.66	142
662	Diag Inv Antepartum	1.8454	6,077	3,894	7,700	384	0.45	173

Schedule 6 -- Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2004/2005			Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
			Activity	Costed Cases	Cost				
663	Management Antepartum	0.7300	53,280	18,659	35,173	149	0.88	131	
664	Diag Inv Pregnancy with Abortive Outcomes Complica	2.8978	153	35	85	589	0.40	235	
665	Management Pregnancy with Abortive Outcomes Complic	1.2495	473	121	239	253	0.67	170	
701	Diag Inv Oncological	1.6935	1,089	427	816	344	0.66	226	
702	Management Oncological	0.7655	13,611	3,722	7,033	166	1.48	246	
703	Radiotherapy (includes diagnosis code V58.0)	0.4229	12	2	2	93	0.09	8	
704	IV Therapy -- Non Cancer Related	0.6247	172,022	45,984	87,078	130	1.22	158	
751	Diag Inv Ophthalmology 0 < 12 years	0.8801	132	99	202	183	0.72	132	
752	Diag Inv Ophthalmology 12 < 18 years	0.8566	115	105	207	175	0.68	118	
753	Diag Inv Ophthalmology 18 < 45 years	0.9082	1,173	1,022	1,848	187	0.57	107	
754	Diag Inv Ophthalmology 45 + years	0.9293	7,218	6,822	12,470	195	0.42	81	
755	Management Ophthalmology 0 < 12 years	0.4083	16,358	4,253	8,648	89	0.82	73	
756	Management Ophthalmology 12 < 18 years	0.4026	3,838	1,323	2,726	85	1.10	93	
757	Management Ophthalmology 18 < 45 years	0.4363	18,475	7,532	14,476	89	1.08	96	
758	Management Ophthalmology 45 + years	0.5271	37,225	27,668	52,187	107	0.99	106	
801	Diag Inv Psychiatry	1.5813	1,287	472	918	326	0.52	168	
802	Management Psychiatry	0.5499	74,001	26,615	54,745	128	1.35	172	
803	Drug & Alcohol Related Conditions	1.2677	14,665	4,294	8,093	262	0.73	190	
851	Diag Inv General Respiratory < 18 years	1.2036	9,115	3,890	8,020	265	0.49	129	
852	Diag Inv General Respiratory 18 + years	1.6322	32,609	9,234	18,173	323	0.54	175	
853	Management General Respiratory 0 < 1.5 years	0.6640	8,535	2,734	5,869	153	0.72	111	
854	Management General Respiratory 1.5 < 6 years	0.6777	14,534	4,958	10,405	155	0.75	117	
855	Management General Respiratory 6 < 18 years	0.6773	15,296	4,148	8,518	149	0.73	110	
856	Management General Respiratory 18 < 65 years	0.7267	45,153	6,314	12,669	147	0.81	118	
857	Management General Respiratory 65 + years	0.9564	13,544	2,917	6,061	204	0.75	152	
863	Diag Inv Severe Respiratory Disease	1.7457	660	304	649	386	0.43	165	
864	Management Severe Respiratory Disease	1.1957	3,149	502	1,178	288	0.57	164	
901	Diag Inv Skin & Soft Tissue	1.1014	14,761	4,830	8,953	233	0.60	139	
902	Management Skin & Soft Tissue	0.4400	166,363	35,033	67,816	93	1.32	123	
906	Cellulitis	0.7611	20,860	5,064	10,348	154	0.94	145	
951	Diag Inv Systemic Infection	1.4332	4,142	1,968	4,003	304	0.54	165	

Schedule 6 – Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2004/2005			Average Cost	Coefficient of Variation	Standard Deviation
			Activity	Costed Cases	Blended Costed Cases			
952	Management Systemic Infection < 18 years	0.5817	18,013	7,069	14,197	133	0.72	96
953	Management Systemic Infection 18 < 45 years	0.6496	5,671	1,202	2,372	130	0.81	105
954	Management Systemic Infection 45 + years	0.6408	2,425	650	1,225	130	1.09	142
955	Diag Inv AIDS	1.4992	145	132	258	322	0.78	252
956	Management AIDS	0.6757	5,741	2,502	5,336	145	1.03	151
999	Ungroupable	0.8374	674	24	221	170	0.84	142
1001	Open Fracture Fingers & Toes	1.0007	334	73	140	205	0.47	97
1002	Closed Fracture Fingers & Toes	0.6104	8,044	2,498	4,859	126	0.63	79
1003	Fractured Nose, Open & Closed	0.7086	1,577	423	814	147	0.82	120
1004	Open Fracture & Dislocations Other	1.0214	1,408	413	800	205	0.56	115
1005	Closed Fracture & Dislocations Other	0.9243	44,894	11,657	23,413	193	0.65	125
1007	Open Wounds without Complications	0.5383	27,838	4,789	9,551	111	0.86	95
1008	Open Wound with Complications	0.6595	4,487	888	1,772	134	0.90	121
1009	Sprains	0.7933	68,717	14,008	28,597	159	0.67	106
1010	Contusions Fingers/Toes	0.6273	6,149	1,170	2,284	122	0.52	63
1011	Contusions except Fingers/Toes	0.7945	43,133	9,793	19,818	158	0.80	126
1012	Open Wound Eye	0.4925	1,070	304	585	105	0.90	95
1013	Foreign Body Eyes, Ears, Nose	0.4227	5,656	781	1,612	88	0.72	63
1014	Foreign Body except Eyes, Ears, Nose	0.7978	2,458	766	1,585	173	0.78	134
1015	Diag Inv Poisoning	2.2721	813	305	591	474	0.61	289
1016	Management Poisoning	1.2632	12,863	3,911	7,924	264	0.85	225
1017	Amputation except Fingers/Toes	0.5226	28	1	1	135		
1018	Abuse /Sexual Assault 0 < 12 years	1.9739	414	308	656	430	0.95	408
1019	Abuse /Sexual Assault 12+ years	1.4483	819	340	702	306	0.96	293
1020	Burn Moderate to Severe	0.5243	583	109	273	109	0.87	95
1021	Minor Other Injuries	0.7697	34,359	7,283	14,676	160	0.94	152
1022	Moderate Other Injuries	2.4475	4,543	1,270	2,478	527	3.13	1,649
1024	Comas	1.3747	119	36	63	290	0.73	212
1025	Shock	1.0714	826	255	509	231	0.63	144
1026	Open Spinal Fracture & Dislocation	2.7419	1		1	591		
1027	Closed Spinal Fracture & Dislocation	1.4888	1,102	217	453	304	0.67	202

Schedule 6 -- Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
			Activity	Costed Cases				
1028	Diag Inv Head Injury	1.3362	2,563	408	899	290	0.50	145
1029	Management Head Injury	0.5014	10,938	2,880	5,550	118	0.77	90
1030	Diag Inv Thoraco-Abdominal & Major Vascular	1.7329	332	98	203	349	0.67	233
1031	Management Thoraco-Abdominal & Major Vascular	0.6642	4,714	1,125	2,320	136	1.01	137
1032	Burn Minor 0 < 6 years	0.5574	978	235	546	130	0.76	100
1033	Burn Minor 6 + years	0.4645	6,888	1,103	2,205	94	0.79	75
1034	Diag Inv Major Other Injuries	1.3815	69	22	46	313	0.65	203
1035	Management Major Other Injuries	1.1679	423	164	328	299	1.10	330
1051	Assessment Referral	0.4110	1,572	1,368	2,552	84	0.86	72
1052	Assessment Intake	1.1637	20,096	9,014	16,918	258	0.78	202
1053	Assessment Collateral	0.9458	1,378	77	162	191	0.78	149
1054	Legal Assessment Half Day	1.0000	35					
1055	Legal Assessment Full Day	1.0000	5					
1056	Assessment Specialized	1.1175	5,533	3,523	7,197	224	1.00	224
1057	Individual Therapy	0.4776	104,025	34,333	58,191	102	0.94	96
1058	Crisis/ Intervention Calls Telephone Crisis Calls	1.0000	216					
1059	Crisis/ Intervention Calls Mobile Crisis Intervention Call	1.0000	694					
1060	Couple Therapy	0.7782	1,553	148	428	166	0.50	83
1061	Family Therapy	1.1095	3,927	945	1,715	233	0.77	179
1062	Group Therapy	0.1360	201,871	92,288	168,630	29	1.07	31
1063	ECT	1.5888	2,625	1,236	1,423	310	0.35	109
1064	Medication Administration	0.7921	21,412	7,770	14,686	172	0.44	76
1065	Patient Specific Consultations/ Case Supervision	0.4683	36,650	15,807	28,741	94	1.01	95
1066	Patient Specific Hearings	1.0000	11					
1067	Patient Specific Professional Reports and Applications	1.0000	2,991					
1068	Patient Specific Critical Incident Documentation	1.0000	6					
1069	Diagnostic Testing/ Scoring Testing Type 1	0.9557	576	312	400	190	0.79	150
1070	Diagnostic Testing/ Scoring Testing Type 2	2.6795	281	121	310	558	0.41	227
1071	Diagnostic Testing/ Scoring Testing Type 3	6.1781	496	64	125	1,324	0.24	313
1072	Therapeutic Milieu Programs Half Day	0.3562	15,631	804	1,786	77	0.50	38
1073	Therapeutic Milieu Programs Full Day	3.0855	7		5	675	0.18	123

Schedule 6 – Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2004/2005			Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
			Activity	Costed Cases	Costed Cases				
1074	Mental Health Education 0-120 min	0.3239	10,136	9,230	18,237	92	1.09	101	
1075	Mental Health Education 121-240 min	1.8471	64	19	19	528	0.37	195	
1076	Mental Health Education 241-360 min								
1077	Mental Health Education 361-480 min								
1101	OT Group 1	0.0753	38,080	14,508	31,387	19	0.46	9	
1102	OT Group 2	0.1963	45,742	13,884	28,327	47	1.30	61	
1103	OT Group 3	0.3054	16,313	4,273	8,732	67	0.78	52	
1104	OT Group 4	0.6292	57,666	16,511	34,229	161	1.11	178	
1105	OT Group 5	0.8001	10,386	1,200	2,741	187	0.57	108	
1106	OT Group 6	1.3436	4,023	647	1,387	343	0.55	188	
1111	Physical Therapy Group 1	0.1328	310,115	25,561	51,569	33	0.99	33	
1112	Physical Therapy Group 2	0.2289	255,130	27,239	58,006	50	0.66	33	
1113	Physical Therapy Group 3	0.2940	48,776	6,126	12,853	62	0.49	31	
1114	Physical Therapy Group 4	0.4820	133,266	19,650	39,377	116	0.84	97	
1115	Physical Therapy Group 5	0.7254	10,844	1,193	2,224	173	0.55	96	
1116	Physical Therapy Group 6	1.1798	3,301	494	918	310	0.55	170	
1121	Recreational Therapy Group 1	0.0735	9,698	6,156	11,733	21	0.38	8	
1122	Recreational Therapy Group 2	0.1652	5,151	3,554	7,922	45	0.30	13	
1123	Recreational Therapy Group 3	0.2369	549	269	594	65	0.30	20	
1124	Recreational Therapy Group 4	0.3988	2,054	1,227	2,793	110	0.48	52	
1125	Recreational Therapy Group 5	0.6439	333	71	153	182	0.31	57	
1126	Recreational Therapy Group 6	0.9484	114	31	55	270	0.31	84	
1131	Speech-Language Pathology Group 1	0.1238	43,508	3,046	7,249	33	0.63	21	
1132	Speech-Language Pathology Group 2	0.2163	104,187	5,713	11,675	60	0.23	14	
1133	Speech-Language Pathology Group 3	0.3967	5,891	349	485	96	0.28	27	
1134	Speech-Language Pathology Group 4	0.8962	116,767	11,649	23,022	244	0.84	206	
1135	Speech-Language Pathology Group 5	1.2273	7,512	444	805	292	0.65	189	
1136	Speech-Language Pathology Group 6	1.9351	2,392	340	713	499	0.67	334	
1141	Audiology Group 1	0.8008	1,759	138	964	148	0.52	78	
1142	Audiology Group 2	0.3766	8,254	1,999	3,641	79	0.40	31	
1143	Audiology Group 3	1.2327	12,220	5,756	9,839	305	0.78	238	

Schedule 6 -- Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2004 / 2005				Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
			Activity	Costed Cases	Costed Cases	Costed Cases				
1144	Audiology Group 4	2.5807	390	273	489	489	659	0.56	367	
1145	Audiology Group 5 - Cochlear Implant	1.0000	300							
1151	Resp Therapy Group 1	0.2195	14,022	6,115	13,490	13,490	46	2.19	101	
1152	Resp Therapy Group 2	0.4093	29,184	10,084	20,001	20,001	85	1.48	126	
1153	Resp Therapy Group 3	0.3565	15,946	5,133	10,820	10,820	71	0.96	68	
1154	Resp Therapy Group 4	0.7267	25,445	7,271	15,812	15,812	151	0.87	131	
1155	Resp Therapy Group 5	0.8562	5,922	2,957	5,943	5,943	173	0.73	126	
1156	Resp Therapy Group 6	1.6262	3,543	2,492	5,299	5,299	337	0.64	215	
1201	Clinical Nutrition Group 1	0.1368	29,271	20,125	37,186	37,186	29	0.83	34	
1202	Clinical Nutrition Group 2	0.2955	34,300	13,248	24,262	24,262	62	0.55	24	
1203	Clinical Nutrition Group 3	0.4139	11,054	2,925	5,524	5,524	91	0.72	66	
1204	Clinical Nutrition Group 4	0.7902	22,349	11,812	22,106	22,106	170	0.53	90	
1205	Clinical Nutrition Group 5	0.9169	4,294	1,314	2,304	2,304	200	0.46	91	
1206	Clinical Nutrition Group 6	1.4488	900	426	753	753	316	0.47	150	
1221	Social Work Group 1	0.2094	19,978	10,933	24,084	24,084	51	0.74	38	
1222	Social Work Group 2	0.4890	25,906	7,925	16,897	16,897	113	0.61	69	
1223	Social Work Group 3	0.8685	5,022	1,356	2,745	2,745	197	0.42	83	
1224	Social Work Group 4	1.2548	1,917	1,087	2,256	2,256	325	0.48	155	
1225	Social Work Group 5	1.7469	487	116	237	237	403	0.41	164	
1226	Social Work Group 6	2.6660	64	17	44	44	648	0.35	224	
1241	Psychology Group 1	0.1899	11,030	4,328	11,718	11,718	53	0.69	37	
1242	Psychology Group 2	0.6075	11,094	3,813	6,784	6,784	158	0.48	75	
1243	Psychology Group 3	1.0108	2,494	836	1,517	1,517	258	0.48	125	
1244	Psychology Group 4	1.8918	3,881	2,455	5,165	5,165	534	0.65	348	
1245	Psychology Group 5	2.6583	553	303	596	596	730	0.66	481	
1246	Psychology Group 6	6.9221	165	129	255	255	1,676	0.78	1,308	
1247	Psychology Group 7	1.8041	165	88	88	88	516	0.93	479	
1248	Psychology Group 8	2.1084	83	72	72	72	603	0.54	323	
1249	Psychology Group 9	2.5660	58	45	45	45	734	0.42	310	
2001	Critical Care Unit or O.R. with Secondary Diagnosis	2.3676	4,776	1,500	3,023	3,023	493	0.93	459	
2002	Critical Care Unit or O.R. without Secondary Diagnosis	2.8809	5,840	2,204	3,985	3,985	579	1.41	818	

Schedule 6 -- Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2004/2005			Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
			Activity	Costed Cases	Cost				
2003	Other Unit with Secondary Diagnosis	2.0886	70,144	17,125	34,316	441	0.67	295	
2004	Other Unit without Secondary Diagnosis	1.7632	77,350	16,941	33,758	371	0.79	292	
2021	DOA	0.4196	549	22	30	88	1.35	118	
2022	Died During Visit	1.4628	775	199	366	312	1.63	507	
2023	Death - Organ Donor	0.1371	1	1	1	30			
2041	Patient Transferred with Secondary Diagnosis	2.7524	15,771	2,937	5,580	538	0.72	386	
2042	Patient Transferred without Secondary Diagnosis	2.4171	9,580	2,328	4,304	474	0.90	425	
2050	Diag Inv General Symptoms/Exam	1.2531	16,150	10,746	20,563	266	0.59	158	
2051	Management General Symptoms/Exam < 18 years	0.7945	18,488	7,750	17,452	198	1.74	344	
2052	Management General Symptoms/Exam 18 < 45 years	0.6064	30,590	8,762	23,029	126	0.94	118	
2053	Management General Symptoms/Exam 45 < 65 years	0.5860	30,178	9,222	18,276	124	1.08	134	
2054	Management General Symptoms/Exam 65+ years	0.7198	27,917	9,136	18,113	168	1.54	258	
2059	Prophylactic Vaccination	0.6397	19,496	2,857	5,902	130	1.01	131	
2060	Therapeutic Medical Counseling	0.7160	61,953	5,951	12,862	149	1.12	167	
2062	Preoperative Exam	1.0522	86,776	40,861	73,669	221	0.74	163	
2064	Therapy - No Intervention Code	0.6345	59,291	11,843	21,769	131	1.10	143	
2066	Contact/Carrier of Communicable Disease	0.5858	1,950	258	486	122	1.58	192	
2067	Health Hazard Related to Personal/Family History	9.5347	21,973	1,058	2,148	2,066	1.54	3,175	
2068	Routine Health Supervision	0.4230	15,204	10,861	21,533	88	1.59	140	
2069	Postsurgical Status	0.5671	70,261	8,643	17,885	135	1.14	154	
2070	Follow-up/Convalescence	0.4016	39,085	18,946	37,215	88	1.39	122	
2071	Screening Exam	0.8702	11,819	4,024	8,179	190	0.47	89	
2072	Screening Exam - Genetics								
2073	Genetic Counselling	4.9713	1,772	1,771	3,693	1,077	0.76	818	
2081	Non Registered Service Recipients								
2082	Mode of Service - Telephone	0.2320	401,228	186,234	358,766	51	1.42	73	
2099	Patient Left Without Being Seen	0.6408	7,113	700	1,932	137	0.85	117	

Appendix

Cost Weight Development

The process used by Alberta Health and Wellness to develop cost weights or relative values for each of the inpatient and ambulatory care groups is based on the hospital specific relative value methodology.

Calculating relative values adjusts for differences in utilization patterns and pricing (costing) between facilities. Because this allows for easy combining of data from different provinces and across years, it produces a set of relative values that do not require complex adjustments to make the data comparable. This method first calculates the hospital specific relative value (HSRV) for each group (ACCS cell, CMG, or Plx group) for each hospital, then derives an initial system wide (including all hospitals) relative value (SWRV), and finally calculates a case mix index (CMI). While the steps below are based on ambulatory care calculations, a similar process is undertaken for the inpatient data.

HSRV - Step 1

Raw costing information is received from the costing regions and processed at Alberta Health and Wellness. An average cost per case is calculated for each ACCS cell. These costs are then available as input into the relative value calculation process.

ACCS #	Description	Hospital A		Hospital B		Province-Wide	
		Cases	Average Cost \$	Cases	Average Cost \$	Cases	Average Cost \$ (wtd avg.)
26	Hernia	2	\$300.00	6	\$450.00	8	\$412.50
62	Hemodialysis	5	\$200.00	10	\$300.00	15	\$266.67
1009	Sprains	9	\$100.00	16	\$150.00	25	\$132.00
	Total Hospital	16	\$156.25	32	\$253.13	48	\$220.84

HSRV - Step 2

The relative value calculation requires cost data by institution and by group. First, the average cost per case by ACCS code, by facility, is divided by the average cost for all cases in that facility (average institution case cost) to derive the HSRV for each ACCS cell. This allows us to look at the cost of an ACCS code relative to other ACCS codes in that facility rather than at the average cost.

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		Hospital A		
ACCS #	Description	Cases	Average Cost \$	Hospital Specific Relative Value (HSRV)
26	Hernia	2	\$300.00	$\$300/\$156.25=1.92$
62	Hemodialysis	5	\$200.00	$\$200/\$156.25=1.28$
1009	Sprains	9	\$100.00	$\$100/\$156.25=0.64$
	Total Hospital	16	\$156.25	N/A

HSRV - Step 3

The initial SWRVs are calculated for each ACCS code by taking a weighted average of the hospital specific relative values from each facility. For each facility, the number of cases in an ACCS cell is multiplied by the HSRV for that ACCS cell. Then, divide this result by the total number of cases in the system (province) for that particular ACCS code. The sum of the results of this calculation for all facilities is the initial SWRV.

		Hospital A		Province-Wide	
ACCS #	Description	Cases	Average Cost \$	Hospital Specific Relative Value (HSRV)	Initial System Wide Relative Value (ISWRV) (wtd.avg. Of HSRVs)
26	Hernia	2	\$300.00	$\$300/\$156.25=1.92$	$(1.92*2/8)+(1.78*6/8)=1.8133$
62	Hemodialysis	5	\$200.00	$\$200/\$156.25=1.28$	$(1.28*5/15)+(1.19*10/15)=1.2168$
1009	Sprains	9	\$100.00	$\$100/\$156.25=0.64$	$(0.64*9/25)+(0.59*16/25)=0.6097$
	Total Hospital	16	\$156.25	N/A	N/A

Note: Calculates a system wide relative measure of the value of an ACCS cell compared to other ACCS cells

This calculation filters out the differences in efficiencies between hospitals. This can occur if a hospital is a teaching hospital, and would typically incur higher costs per case, or if a hospital uses different technology in treating patients.

HSRV - Step 4

The CMI adjusts for differences in the case mix of treatments in a hospital. For example, if a hospital typically treats much more severe patients, the CMI will adjust the relative values to take that into account.

For each facility, the CMI is calculated by multiplying the SWRV for each ACCS cell by the number of cases in each cell for that facility. The resulting values are then summed. This total is then divided by the number of cases treated in that hospital, which results in the facility's CMI.

Case Mix Index = sum of adjusted value of cases (SWRV units)/actual number of cases = $15.1976/16 = 0.9498$

		Hospital A			
ACCS #	Description	Cases	Average Cost \$	Initial System Wide Relative Value units = SWRV x # of cases	Adjusted Hospital Specific Relative Value (AHSRV)
26	Hernia	2	\$300.00	$1.8133 \times 2 = 3.6267$	$1.92 \times 0.9498 = 1.8237$
62	Hemodialysis	5	\$200.00	$1.2168 \times 5 = 6.0840$	$1.28 \times 0.9498 = 1.2158$
1009	Sprains	9	\$100.00	$0.6097 \times 9 = 5.4869$	$0.64 \times 0.9498 = 0.6079$
	Total Hospital	16	\$156.25	Total = 15.1976	

Notes:

- ♦ Cases in Hosp A adjusted using average system wide relative values.
- ♦ Relative value of ACCS adjusted by case mix index for Hospital A

The HSRVs for each ACCS code by facility are then multiplied by that facility's CMI to give a new set of adjusted hospital specific relative values (AHSRVs). For each ACCS cell, these AHSRVs are then summed from all of the hospitals and divided by the total number of cases in each case group to derive a new set of SWRVs.

HSRV - Step 5

Steps 3 and 4 are repeated (weighting HSRVs, averaging HSRVs, and adjusting for case mix) until the difference between successive SWRVs is less than 1 per cent.

The final results of the HSRV process for the 2004/2005 inpatient and ambulatory care cost data are outlined in schedules 3 and 6. In these two schedules the results in the "average cost" columns are based on the same set of data used in the costing process to produce relative values (all exclusions, including trimming, are applied to the data).

Table 1: Summary of DRG Adjusted Values of Gross DRG (Millions)			
DRG	2005	2006	% Change
0000	1,200.00	1,250.00	4.2%
0100	1,500.00	1,550.00	3.3%
0200	1,800.00	1,850.00	2.8%
0300	2,100.00	2,150.00	2.4%
0400	2,400.00	2,450.00	2.1%
0500	2,700.00	2,750.00	1.9%
0600	3,000.00	3,050.00	1.7%
0700	3,300.00	3,350.00	1.5%
0800	3,600.00	3,650.00	1.4%
0900	3,900.00	3,950.00	1.3%
1000	4,200.00	4,250.00	1.2%
1100	4,500.00	4,550.00	1.1%
1200	4,800.00	4,850.00	1.0%
1300	5,100.00	5,150.00	1.0%
1400	5,400.00	5,450.00	0.9%
1500	5,700.00	5,750.00	0.9%
1600	6,000.00	6,050.00	0.8%
1700	6,300.00	6,350.00	0.8%
1800	6,600.00	6,650.00	0.8%
1900	6,900.00	6,950.00	0.7%
2000	7,200.00	7,250.00	0.7%
2100	7,500.00	7,550.00	0.7%
2200	7,800.00	7,850.00	0.6%
2300	8,100.00	8,150.00	0.6%
2400	8,400.00	8,450.00	0.6%
2500	8,700.00	8,750.00	0.6%
2600	9,000.00	9,050.00	0.6%
2700	9,300.00	9,350.00	0.5%
2800	9,600.00	9,650.00	0.5%
2900	9,900.00	9,950.00	0.5%
3000	10,200.00	10,250.00	0.5%
3100	10,500.00	10,550.00	0.5%
3200	10,800.00	10,850.00	0.5%
3300	11,100.00	11,150.00	0.4%
3400	11,400.00	11,450.00	0.4%
3500	11,700.00	11,750.00	0.4%
3600	12,000.00	12,050.00	0.4%
3700	12,300.00	12,350.00	0.4%
3800	12,600.00	12,650.00	0.4%
3900	12,900.00	12,950.00	0.4%
4000	13,200.00	13,250.00	0.4%
4100	13,500.00	13,550.00	0.4%
4200	13,800.00	13,850.00	0.4%
4300	14,100.00	14,150.00	0.4%
4400	14,400.00	14,450.00	0.3%
4500	14,700.00	14,750.00	0.3%
4600	15,000.00	15,050.00	0.3%
4700	15,300.00	15,350.00	0.3%
4800	15,600.00	15,650.00	0.3%
4900	15,900.00	15,950.00	0.3%
5000	16,200.00	16,250.00	0.3%
5100	16,500.00	16,550.00	0.3%
5200	16,800.00	16,850.00	0.3%
5300	17,100.00	17,150.00	0.3%
5400	17,400.00	17,450.00	0.3%
5500	17,700.00	17,750.00	0.3%
5600	18,000.00	18,050.00	0.3%
5700	18,300.00	18,350.00	0.3%
5800	18,600.00	18,650.00	0.3%
5900	18,900.00	18,950.00	0.3%
6000	19,200.00	19,250.00	0.3%
6100	19,500.00	19,550.00	0.3%
6200	19,800.00	19,850.00	0.3%
6300	20,100.00	20,150.00	0.3%
6400	20,400.00	20,450.00	0.3%
6500	20,700.00	20,750.00	0.3%
6600	21,000.00	21,050.00	0.3%
6700	21,300.00	21,350.00	0.3%
6800	21,600.00	21,650.00	0.3%
6900	21,900.00	21,950.00	0.3%
7000	22,200.00	22,250.00	0.3%
7100	22,500.00	22,550.00	0.3%
7200	22,800.00	22,850.00	0.3%
7300	23,100.00	23,150.00	0.3%
7400	23,400.00	23,450.00	0.3%
7500	23,700.00	23,750.00	0.3%
7600	24,000.00	24,050.00	0.3%
7700	24,300.00	24,350.00	0.3%
7800	24,600.00	24,650.00	0.3%
7900	24,900.00	24,950.00	0.3%
8000	25,200.00	25,250.00	0.3%
8100	25,500.00	25,550.00	0.3%
8200	25,800.00	25,850.00	0.3%
8300	26,100.00	26,150.00	0.3%
8400	26,400.00	26,450.00	0.3%
8500	26,700.00	26,750.00	0.3%
8600	27,000.00	27,050.00	0.3%
8700	27,300.00	27,350.00	0.3%
8800	27,600.00	27,650.00	0.3%
8900	27,900.00	27,950.00	0.3%
9000	28,200.00	28,250.00	0.3%
9100	28,500.00	28,550.00	0.3%
9200	28,800.00	28,850.00	0.3%
9300	29,100.00	29,150.00	0.3%
9400	29,400.00	29,450.00	0.3%
9500	29,700.00	29,750.00	0.3%
9600	30,000.00	30,050.00	0.3%
9700	30,300.00	30,350.00	0.3%
9800	30,600.00	30,650.00	0.3%
9900	30,900.00	30,950.00	0.3%
10000	31,200.00	31,250.00	0.3%

The table shows the adjusted values of gross DRG for each DRG category. The values are in millions of dollars. The table is organized into columns for the DRG category, the 2005 value, the 2006 value, and the percentage change. The DRG categories are listed on the left, and the values are listed on the right. The percentage change is calculated as the difference between the 2006 and 2005 values, divided by the 2005 value, and expressed as a percentage.

The table shows the adjusted values of gross DRG for each DRG category. The values are in millions of dollars. The table is organized into columns for the DRG category, the 2005 value, the 2006 value, and the percentage change. The DRG categories are listed on the left, and the values are listed on the right. The percentage change is calculated as the difference between the 2006 and 2005 values, divided by the 2005 value, and expressed as a percentage.

Table 2: Summary of DRG Adjusted Values of Gross DRG (Millions)			
DRG	2005	2006	% Change
0000	1,200.00	1,250.00	4.2%
0100	1,500.00	1,550.00	3.3%
0200	1,800.00	1,850.00	2.8%
0300	2,100.00	2,150.00	2.4%
0400	2,400.00	2,450.00	2.1%
0500	2,700.00	2,750.00	1.9%
0600	3,000.00	3,050.00	1.7%
0700	3,300.00	3,350.00	1.5%
0800	3,600.00	3,650.00	1.4%
0900	3,900.00	3,950.00	1.3%
1000	4,200.00	4,250.00	1.2%
1100	4,500.00	4,550.00	1.1%
1200	4,800.00	4,850.00	1.0%
1300	5,100.00	5,150.00	1.0%
1400	5,400.00	5,450.00	0.9%
1500	5,700.00	5,750.00	0.9%
1600	6,000.00	6,050.00	0.8%
1700	6,300.00	6,350.00	0.8%
1800	6,600.00	6,650.00	0.8%
1900	6,900.00	6,950.00	0.7%
2000	7,200.00	7,250.00	0.7%
2100	7,500.00	7,550.00	0.7%
2200	7,800.00	7,850.00	0.6%
2300	8,100.00	8,150.00	0.6%
2400	8,400.00	8,450.00	0.6%
2500	8,700.00	8,750.00	0.6%
2600	9,000.00	9,050.00	0.6%
2700	9,300.00	9,350.00	0.5%
2800	9,600.00	9,650.00	0.5%
2900	9,900.00	9,950.00	0.5%
3000	10,200.00	10,250.00	0.5%
3100	10,500.00	10,550.00	0.5%
3200	10,800.00	10,850.00	0.5%
3300	11,100.00	11,150.00	0.4%
3400	11,400.00	11,450.00	0.4%
3500	11,700.00	11,750.00	0.4%
3600	12,000.00	12,050.00	0.4%
3700	12,300.00	12,350.00	0.4%
3800	12,600.00	12,650.00	0.4%
3900	12,900.00	12,950.00	0.4%
4000	13,200.00	13,250.00	0.4%
4100	13,500.00	13,550.00	0.4%
4200	13,800.00	13,850.00	0.4%
4300	14,100.00	14,150.00	0.4%
4400	14,400.00	14,450.00	0.3%
4500	14,700.00	14,750.00	0.3%
4600	15,000.00	15,050.00	0.3%
4700	15,300.00	15,350.00	0.3%
4800	15,600.00	15,650.00	0.3%
4900	15,900.00	15,950.00	0.3%
5000	16,200.00	16,250.00	0.3%
5100	16,500.00	16,550.00	0.3%
5200	16,800.00	16,850.00	0.3%
5300	17,100.00	17,150.00	0.3%
5400	17,400.00	17,450.00	0.3%
5500	17,700.00	17,750.00	0.3%
5600	18,000.00	18,050.00	0.3%
5700	18,300.00	18,350.00	0.3%
5800	18,600.00	18,650.00	0.3%
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7200	22,800.00	22,850.00	0.3%
7300	23,100.00	23,150.00	0.3%
7400	23,400.00	23,450.00	0.3%
7500	23,700.00	23,750.00	0.3%
7600	24,000.00	24,050.00	0.3%
7700	24,300.00	24,350.00	0.3%
7800	24,600.00	24,650.00	0.3%
7900	24,900.00	24,950.00	0.3%
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8100	25,500.00	25,550.00	0.3%
8200	25,800.00	25,850.00	0.3%
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8400	26,400.00	26,450.00	0.3%
8500	26,700.00	26,750.00	0.3%
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8700	27,300.00	27,350.00	0.3%
8800	27,600.00	27,650.00	0.3%
8900	27,900.00	27,950.00	0.3%
9000	28,200.00	28,250.00	0.3%
9100	28,500.00	28,550.00	0.3%
9200	28,800.00	28,850.00	0.3%
9300	29,100.00	29,150.00	0.3%
9400	29,400.00	29,450.00	0.3%
9500	29,700.00	29,750.00	0.3%
9600	30,000.00	30,050.00	0.3%
9700	30,300.00	30,350.00	0.3%
9800	30,600.00	30,650.00	0.3%
9900	30,900.00	30,950.00	0.3%
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The table shows the adjusted values of gross DRG for each DRG category. The values are in millions of dollars. The table is organized into columns for the DRG category, the 2005 value, the 2006 value, and the percentage change. The DRG categories are listed on the left, and the values are listed on the right. The percentage change is calculated as the difference between the 2006 and 2005 values, divided by the 2005 value, and expressed as a percentage.

Appendix A

The table shows the adjusted values of gross DRG for each DRG category. The values are in millions of dollars. The table is organized into columns for the DRG category, the 2005 value, the 2006 value, and the percentage change. The DRG categories are listed on the left, and the values are listed on the right. The percentage change is calculated as the difference between the 2006 and 2005 values, divided by the 2005 value, and expressed as a percentage.

The table shows the adjusted values of gross DRG for each DRG category. The values are in millions of dollars. The table is organized into columns for the DRG category, the 2005 value, the 2006 value, and the percentage change. The DRG categories are listed on the left, and the values are listed on the right. The percentage change is calculated as the difference between the 2006 and 2005 values, divided by the 2005 value, and expressed as a percentage.



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